

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**CERTIFICATE OF NEED (CON) REVIEW STANDARDS**  
**FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS**

(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)

**Section 1. Applicability**

Sec. 1. (1) These standards are requirements for approval and delivery of services for all projects approved and certificates of need issued under Part 222 of the Code which involve nursing homes and hospital long-term-care units.

(2) A nursing home licensed under Part 217 and a hospital long-term-care unit (HLTCU) defined in Section 20106(6) are covered health facilities for purposes of Part 222 of the Code.

(3) The Department shall use sections 3, 4, 5, 6, 7, 8, 9, 12, 13, and 14 of these standards, as applicable, in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws.

~~—(4) The Department shall use Section 7 of these standards, as applicable, in applying Section 22225(2)(a)(iii) of the Code, being Section 333.22225(2)(a)(iii) of the Michigan Compiled Laws.~~

~~(54)~~ The Department shall use Section 11 of these standards, as applicable, in applying Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

~~(65)~~ The Department shall use Section 10(2) of these standards, as applicable, in applying Section 22230 of the Code, being Section 333.22230 of the Michigan Compiled Laws.

**Section 2. Definitions**

Sec. 2. (1) As used in these standards:

(a) "Acquisition of ~~a new~~ AN EXISTING nursing home ~~or~~ /HLTCU" means the issuance of a new nursing home/HLTCU (including HLTCU) license as the result of the acquisition (including purchase, lease, donation, or other comparable arrangement) of an existing licensed AND OPERATING nursing home/HLTCU (including HLTCU) and which does not involve a change in bed capacity of that health facility.

(b) "ADC adjustment factor" means the factor by which the average daily census (ADC), derived during the bed need methodology calculation set forth in Section 3(2)(d) for each planning area, is divided. For planning areas with an ADC of less than 100, the ADC adjustment factor is 0.90 and for planning areas with an ADC of 100 or more, the ADC adjustment factor is 0.95.

(c) "Applicant's cash" means the total ~~of the following items~~ UNRESTRICTED CASH, DESIGNATED FUNDS, AND RESTRICTED FUNDS reported by the applicant AS THE SOURCE OF FUNDS IN THE APPLICATION. on the "Source of Funds" form (form number T-150-G-11.04, or any subsequent replacement form): ~~(i) unrestricted cash; (ii) designated funds; (iii) restricted funds; (iv) planned gifts, bequests, donations, and pledges; and (v) interest income during construction.~~

(d) "Average total proposed project cost per bed" or "A" is calculated by the Department by summing the "Total proposed project cost" of each qualifying project, and then dividing the sum by the total number of beds INCLUDED IN THOSE QUALIFYING ~~proposed by those qualifying~~ projects. ~~The total number of beds shall include new, replacement, and converted beds.~~

(e) "Base year" means 1987 or the most recent year for which verifiable data collected as part of the Michigan Department of Community Health Annual Survey of Long-Term-Care Facilities or other

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comparable MDCH survey instrument are available.

(f) "Certificate of Need Commission" or "Commission" means the commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(g) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(H) "COMMON OWNERSHIP OR CONTROL" MEANS A NURSING HOME THAT IS OWNED BY, IS UNDER COMMON CONTROL OF, OR HAS A COMMON PARENT AS THE APPLICANT NURSING HOME ACCORDING TO THE DEPARTMENT'S BUREAU OF HEALTH SYSTEMS CHAIN OWNERSHIP LIST.

~~(H)~~ "Comparative group" means the applications which have been grouped for the same type of project in the same planning area OR STATEWIDE SPECIAL POOL GROUP and which are being reviewed comparatively in ~~accord~~ ACCORDANCE with the CON rules.

~~(I)~~ "Converted ~~bed/space~~" means, ~~for purposes of these standards, an~~ existing ~~bed or~~ space in a health facility that is not currently licensed as PART OF THE a-nursing home/HLTCU bed and is proposed to be licensed as a-nursing home or HLTCU bed SPACE. An example is proposing to license a-home for the aged bed SPACE as a-nursing home bed SPACE.

~~(J)~~ "Department" means the Michigan Department of Community Health (MDCH).

~~(K)~~ "Department inventory of beds" means the current list, for each planning area maintained on a continuing basis by the Department: (i) licensed nursing home beds ~~(including MR and MI beds)~~ and (ii) nursing home beds approved by a valid CON issued under ~~either former Part 221 or~~ Part 222 of the Code which are not yet licensed. It does not include (a) nursing home beds approved from the statewide pool and (b) short-term nursing care program beds approved pursuant to Section 22210 of the Code, being Section 333.22210 of the Michigan Compiled Laws.

~~(M)~~ "Existing nursing home beds" means, for a specific planning area, the total of all nursing home beds located within the planning area including: (i) licensed nursing home beds ~~(including MR and MI beds)~~, (ii) nursing home beds approved by a valid CON issued under ~~either former Part 221 or~~ Part 222 of the Code which are not yet licensed, (iii) proposed nursing home beds under appeal from a final Department decision made under ~~former Part 221 or~~ Part 222 or pending a hearing from a proposed decision issued under Part 222 of the Code, and (iv) proposed nursing home beds that are part of a completed application under Part 222 of the Code ~~(other than the application or applications in the comparative group under review)~~ which is pending final Department decision. ~~The following exceptions to this definition exist: (a) the 174 licensed beds at the Pinecrest Medical Care Facility geographically located in Menominee County will be allocated to three planning areas as follows: 68 beds in the Menominee planning area, 53 beds in the Delta planning area, and 53 beds in the Dickinson planning area; (b)~~ nursing home beds approved from the statewide pool are excluded; and ~~(c)~~ short-term nursing care program beds approved pursuant to Section 22210 of the Code, being Section 333.22210 of the Michigan Compiled Laws, are excluded.

~~(m) "Gross square feet" means the area of the building as measured by the outside building walls.~~

~~(N)~~ "Health service area" or "HSA" means the geographic area established for a health systems agency pursuant to former Section 1511 of the Public Health Service Act and set forth in Section 14.

~~(O)~~ "Hospital long-term-care unit" or "HLTCU" means a nursing care facility, owned and operated by and as part of a hospital, that provides organized nursing care and medical treatment to seven (7) or more unrelated individuals suffering or recovering from illness, injury, or infirmity.

~~(P)~~ "Licensed site" means ~~either (i) in the case of a single site hospital or nursing home, the location of the health facility authorized by license and listed on that licensee's certificate of licensure or (ii) in the case of a hospital or nursing home with multiple sites, the location of each separate and distinct health facility as authorized by licensure.~~

~~(Q)~~ "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6 and 1396r-8 to 1396v.

~~(R)~~ "Medicaid eligible recipient" means a patient deemed eligible by the Michigan Department of Community Health, or its designated agent, to receive Medicaid reimbursement from the time of admission to a nursing home/HLTCU.

~~(S)~~ "Metropolitan statistical area county" means a county located in a metropolitan statistical area as that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by  
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the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix C.

~~(t) "MI beds" means nursing home beds in a nursing home licensed by the Department for the care of mentally ill patients.~~

~~(uT)~~ "Micropolitan statistical area county" means a county located in a micropolitan statistical area as that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix C.

~~(v) "MR beds" means nursing home beds in a nursing home licensed by the Department for the care of mentally retarded patients.~~

~~(w) "Net usable area" means the usable floor area of a patient sleeping room excluding any vestibules (including door swings), toilet rooms, and built-in closets.~~

(U) "NEW DESIGN MODEL" MEANS A NURSING HOME/HLTCU BUILT IN ACCORDANCE WITH SPECIFIED DESIGN REQUIREMENTS AS IDENTIFIED IN THE APPLICABLE SECTIONS.

~~(xV)~~ "Nonrenewal or revocation of license for cause" means that the Department did not renew or revoked the nursing home's/HLTCU's license based on the nursing home's/HLTCU's failure to comply with state licensing standards.

~~(yW)~~ "Nonrenewal or termination of certification for cause" means the nursing home/HLTCU Medicare and/or Medicaid certification was terminated or not renewed based on the nursing home's/HLTCU's failure to comply with Medicare and/or Medicaid participation requirements.

~~(zX)~~ "Nursing home" means a nursing care facility, including a county medical care facility, but excluding a hospital or a facility created by Act No. 152 of the Public Acts of 1885, as amended, being sections 36.1 to 36.12 of the Michigan Compiled Laws, that provides organized nursing care and medical treatment to seven (7) or more unrelated individuals suffering or recovering from illness, injury, or infirmity. THIS TERM APPLIES TO THE LICENSEE ONLY AND NOT THE REAL PROPERTY OWNER IF DIFFERENT THAN THE LICENSEE.

~~(aaY)~~ "Nursing home bed" means a bed in a health facility licensed under Part 217 of the Code or a licensed bed in a hospital long-term-care unit. The term does not include short-term nursing care program beds approved pursuant to Section 22210 of the Code being Section 333.22210 of the Michigan Compiled Laws or beds in health facilities listed in Section 22205(2) of the Code, being Section 333.22205(2) of the Michigan Compiled Laws.

~~(bbZ)~~ "Occupancy rate" means the percentage which expresses the ratio of the actual number of patient days of care provided divided by the total number of patient days. Total patient days is calculated by summing the number of licensed and/or CON approved but not yet licensed beds and multiplying these beds by the number of days that they were licensed and/or CON approved but not yet licensed. This shall include nursing home beds approved from the statewide pool. Occupancy rates shall be calculated using verifiable data from either (i) the actual number of patient days of care for 12 continuous months of data from the MDCH Annual Survey of Long-Term-Care Facilities or other comparable MDCH survey instrument or (ii) the actual number of patient days of care for 4 continuous quarters of data as reported to the Department for purposes of compiling the "Staffing/Bed Utilization Ratios Report," whichever is the most recent available data.

~~(ccAA)~~ "Planning area" means the geographic boundaries of each county in Michigan with the exception of: (i) Houghton and Keweenaw counties, which are combined to form one planning area and (ii) Wayne County which is divided into three planning areas. Section ~~43-12~~ identifies the three planning areas in Wayne County and the specific geographic area included in each.

~~(ddBB)~~ "Planning year" means 1990 or the year in the future, at least three (3) years but no more than seven (7) years, established by the CON Commission for which nursing home bed needs are developed. The planning year shall be a year for which official population projections, from the Department of Management and Budget or U.S. Census, data are available.

~~(eeCC)~~ "Physically conforming beds," for purposes of Section 10(3), means beds which meet the maximum occupancy and minimum square footage requirements as specified in Section 483.70(d)(1) of the Code of Federal Regulations for Medicare certification (42 CFR) or any federal regulations for Medicare certification addressing maximum occupancy and minimum square footage requirements approved subsequent to the effective date of these standards.

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(DD) "Qualifying project" means each application in a comparative group which has been reviewed individually and has been determined by the Department to have satisfied all of the requirements of Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these standards.

~~(gg) "Readmission" means the admission of a patient following a temporary absence from the same nursing home/HLTCU during which time the bed was held open or the patient had the option to return to the next available bed at the same nursing home/HLTCU.~~

~~(EE) "RELOCATION OF EXISTING NURSING HOME/HLTCU BEDS" MEANS A CHANGE IN THE LOCATION OF EXISTING NURSING HOME/HLTCU BEDS FROM THE EXISTING LICENSED SITE TO A DIFFERENT EXISTING LICENSED SITE WITHIN THE PLANNING AREA.~~

~~(FF) "RENEWAL OF LEASE" MEANS EXECUTION OF A LEASE BETWEEN THE LICENSEE AND A REAL PROPERTY OWNER IN WHICH THE TOTAL LEASE COSTS EXCEED THE CAPITOL EXPENDITURE THRESHOLD.~~

~~(GG) "REPEAT CITATION" MEANS 1) TWO OR MORE CITATIONS OF THE SAME FEDERAL DEFICIENCY, OR 2) TWO OR MORE CITATIONS WITHIN THE SAME REGULATORY GROUPING, AT THE SUBSTANDARD QUALITY OF CARE, HARM, OR IMMEDIATE JEOPARDY LEVELS WITHIN THE LAST THREE YEARS.~~

~~(HH) "REPLACEMENT BEDS" MEANS THE APPLICANT PROPOSES TO REPLACE AN EQUAL OR LESSER NUMBER OF BEDS THAN CURRENTLY LICENSED TO THE APPLICANT PURSUANT TO THE NEW DESIGN MODEL REQUIREMENTS.~~

~~(hhll) "Replacement bedREPLACE AN EXISTING NURSING HOME/HLTCU" means a CHANGE IN THE LOCATION OF THE HEALTH FACILITY AUTHORIZED BY LICENSE AND LISTED ON THE LICENSEE'S CERTIFICATE OF LICENSURE or a portion of the beds being replaced. nursing home bed with a valid license that meets all of the following conditions: (i) an equal or greater number of nursing home beds are currently licensed to the applicant at the licensed site at which the beds proposed for replacement are currently licensed, (ii) the nursing home beds are proposed for replacement- THE NURSING HOME/HLTCU BEDS WILL BE in new physical plant space being developed in new construction or in newly acquired space (purchase, lease, donation, etc.) WITHIN THE REPLACEMENT ZONE., and (iii) the nursing home beds to be replaced will be located in the replacement zone.~~

~~(iJJ) "Replacement zone" means a proposed licensed site that is,~~

~~(i) for a rural or micropolitan statistical area county, within the same planning area as the existing licensed site.~~

~~(ii) for a county that is not a rural or micropolitan statistical area county,~~

~~(A) within the same planning area as the existing licensed site and~~

~~(B) within a three-mile radius of the existing licensed site.~~

~~(jj) "Room plan changes" means any construction activities in patient rooms, including bathroom areas, which involve moving walls. This does not include cosmetic renovations such as wallpaper, painting, carpeting, or other activities associated with normal wear and tear.~~

~~(kk) "Rural county" means a county not located in a metropolitan statistical area or micropolitan statistical areas as those terms are defined under the "standards for defining metropolitan and micropolitan statistical areas" by the statistical policy office of the office of information regulatory affairs of the United States office of management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix C.~~

~~(ll) "Staffing/Bed Utilization Ratios Report" means the report issued by the Department on a quarterly basis.~~

~~(mm) "Total proposed project cost" means the total of all PROJECT COSTS REPORTED BY THE APPLICANT AS PROJECT COSTS IN THE APPLICATION. the items listed on the applicant's "Project Cost" form (form number T-150-G-11.02 or any subsequent replacement form) excluding the item "Pre-existing debt to be refinanced." For projects where existing beds/space are being converted to nursing home/HLTCU beds and the number of square feet of facility space to be allocated to the nursing home/HLTCU will increase, the imputed costs of the beds/space to be converted shall be determined based on a fair market value appraisal of the tangible assets to be converted. The imputed costs for the beds/space to be converted shall be entered on the "Project Cost" form on the line for "Construction Costs: Other."~~

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(nn) "Total proposed project cost per bed" is determined by dividing the applicant's "Total proposed project cost" by the applicant's ~~proposed~~ number of beds INCLUDED IN THE PROPOSED PROJECT.  
~~The total proposed number of beds shall include new, replacement, and converted beds.~~

(oo) "Use rate" means the number of nursing home and hospital long-term-care unit days of care per 1,000 population during a one-year period.

~~(pp) "Vestibule" means a small entrance hall or passageway, between a common corridor and a patient room, of sufficient width and length to allow a corridor entrance door to swing in without obstruction. A vestibule also may provide an adequate area to permit an attached toilet room door sufficient clear swing space so as not to impact on minimum patient room net usable area requirements.~~

(2) The definitions in Part 222 of the Code shall apply to these standards.

### Section 3. Determination of needed nursing home bed supply

Sec. 3 (1)(a) The age specific use rates for the planning year shall be the actual statewide age specific nursing home use rates using data from the base year.

(b) The age cohorts for each planning area shall be: (i) age 0 - 64 years, (ii) age 65 - 74 years, (iii) age 75 - 84 years, and (iv) age 85 and older.

(c) Until the base year is changed by the Commission in accord with Section 4(3) and Section 5, the use rates for the base year for each corresponding age cohort, established in accord with subsection (1)(b), are set forth in Appendix A.

(2) The number of nursing home beds needed in a planning area shall be determined by the following formula:

(a) Determine the population for the planning year for each separate planning area in the age cohorts established in subsection (1)(b).

(b) Multiply each population age cohort by the corresponding use rate established in Appendix A.

(c) Sum the patient days resulting from the calculations performed in subsection (b). The resultant figure is the total patient days.

(d) Divide the total patient days obtained in subsection (c) by 365 (or 366 for leap years) to obtain the projected average daily census (ADC).

(e) The following shall be known as the ADC adjustment factor. (i) If the ADC determined in subsection (d) is less than 100, divide the ADC by 0.90. (ii) If the ADC determined in subsection (d) is 100 or greater, divide the ADC by 0.95.

(f) The number determined in subsection (e) represents the number of nursing home beds needed in a planning area for the planning year.

### Section 4. Bed need

Sec. 4. (1) For purposes of these standards, ~~until otherwise changed by the Commission~~, the bed need numbers shown in Appendix B and incorporated as part of these standards shall apply to project applications subject to review under these standards, except where a specific CON standard states otherwise.

(2) ~~The Commission may direct the~~ THE Department SHALL ~~to~~ apply the bed need methodology in Section 3 ON A BIENNIAL BASIS.

(3) ~~The Commission shall designate the~~ THE base year and the planning year that shall be utilized in applying the methodology pursuant to subsection (2) SHALL BE SET ACCORDING TO THE MOST RECENT DATA AVAILABLE TO THE DEPARTMENT.

(4) ~~When directed by the Commission to apply the methodology pursuant to subsection (2), the~~ THE effective date of the bed need numbers shall be established by the Commission.



(5) New bed need numbers established by subsections (2) and (3) shall supersede the bed need numbers shown in Appendix B and shall be included as an amended appendix to these standards.

(6) Modifications made by the Commission pursuant to this section shall not require ~~ad hoc~~ **STANDARD** advisory committee action, a public hearing, or submittal of the standard to the Legislature and the Governor in order to become effective.

#### Section 5. Modification of the age specific use rates by changing the base year.

Sec. 5. (1) The ~~Commission may modify the~~ base year **SHALL BE MODIFIED** based on data obtained from the ~~Michigan Department of Community Health Annual Survey of Long-Term-Care Facilities or other comparable MDCH survey instrument AND~~ presented to the Commission ~~by the Department~~. The Department shall calculate use rates for each of the age cohorts set forth in Section 3(1)(b) and biennially present the revised use rates based on ~~1989-2006~~ information, or the most recent base year information available biennially after ~~1989-2006~~, to the CON Commission.

(2) The Commission shall establish the effective date of the modifications made pursuant to subsection (1).

(3) Modifications made by the Commission pursuant to subsection (1) shall not require ~~ad hoc~~ **STANDARD** advisory committee action, a public hearing, or submittal of the standard to the Legislature and the Governor in order to become effective.

#### Section 6. Requirements for approval ~~- applicants proposing to increase beds in a planning area or replace beds outside a replacement zone~~

Sec. 6. ~~(a)~~ An applicant proposing to increase the number of nursing home beds in a planning area must **MEET demonstrate THE FOLLOWING AS APPLICABLE:**

**(1) AN APPLICANT PROPOSING TO INCREASE THE NUMBER OF NURSING HOME BEDS IN A PLANNING AREA BY BEGINNING OPERATION OF A NEW NURSING HOME/HLTCU OR INCREASING THE NUMBER OF BEDS TO AN EXISTING LICENSED NURSING HOME/HLTCU SHALL DEMONSTRATE THE FOLLOWING:**

**(A) AS IDENTIFIED IN THE BELOW TABLE, THE APPLICANT AND ALL NURSING HOMES UNDER COMMON OWNERSHIP AND CONTROL MUST NOT HAVE ANY OF THE FOLLOWING:**

<b><u>NUMBER OF FACILITIES UNDER COMMON OWNERSHIP OR CONTROL</u></b>	<b><u>NUMBER OF FACILITIES ALLOWED TO HAVE ANY OF THE CONDITIONS IDENTIFIED IN SUBSECTIONS (I) THROUGH (VII)</u></b>
<b><u>UP TO 10 NURSING HOMES</u></b>	<b><u>0 FACILITIES</u></b>
<b><u>11 TO 20 NURSING HOMES</u></b>	<b><u>1 FACILITY</u></b>
<b><u>21 OR MORE NURSING HOMES</u></b>	<b><u>2 FACILITIES</u></b>

**(I) A STATE ENFORCEMENT ACTION INVOLVING LICENSE REVOCATION, REDUCED LICENSE CAPACITY, OR RECEIVERSHIP WITHIN THE LAST THREE YEARS.**

**(II) A FILING FOR BANKRUPTCY WITHIN THE LAST THREE YEARS.**

**(III) TERMINATION OF A MEDICAL ASSISTANCE PROVIDER ENROLLMENT AND TRADING PARTNER AGREEMENT INITIATED BY THE DEPARTMENT WITHIN THE LAST THREE YEARS.**

**(IV) A NUMBER OF CITATIONS AT LEVEL D OR ABOVE, EXCLUDING LIFE SAFETY CODE CITATIONS, ON THE SCOPE AND SEVERITY GRID ON TWO CONSECUTIVE STANDARD SURVEYS THAT EXCEEDS TWICE THE STATEWIDE AVERAGE FOR CITATIONS OF LEVEL D OR ABOVE.**

**(V) OUTSTANDING DEBT OBLIGATION TO THE STATE OF MICHIGAN FOR QUALITY ASSURANCE ASSESSMENT PROGRAM (QAAP) OR CIVIL MONETARY PENALTIES (CMP).**

**(VI) A STATE RULE VIOLATION SHOWING FAILURE TO COMPLY WITH THE STATE MINIMUM**

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STAFFING REQUIREMENTS AND/OR A FEDERAL CITATION DOCUMENTING POTENTIALLY HARMFUL RESIDENT CARE DEFICITS RESULTING FROM INSUFFICIENT STAFF WITHIN THE LAST THREE YEARS.

(VII) REPEAT CITATIONS AT THE HARM OR SUBSTANDARD QUALITY OF CARE LEVEL ISSUED WITHIN THE LAST THREE YEARS.

(B) The proposed increase, if approved, will not result in the total number of existing nursing home beds in that planning area exceeding the needed nursing home bed supply set forth in Appendix B. An applicant may request and be approved for up to a maximum of 20 beds if, when the total number of "existing nursing home beds" is subtracted from the bed need for the planning area set forth in Appendix B, the difference is equal to or more than 1 and equal to or less than 20. This subsection is not applicable to projects seeking approval for beds from the statewide pool of beds.

(C) THE PROPOSED PROJECT MEETS THE PHYSICAL REQUIREMENTS FOUND IN THE MINIMUM DESIGN STANDARDS FOR HEALTH CARE FACILITIES OF MICHIGAN, REFERENCED IN SECTION 20145 (6) OF THE PUBLIC HEALTH CODE, ACT 368 OF 1978, AS AMENDED AND ARE PUBLISHED BY THE DEPARTMENT.

(D) A PLAN OF CORRECTION FOR CITED STATE OR FEDERAL CODE DEFICIENCIES AT THE HEALTH FACILITY, IF ANY, HAS BEEN SUBMITTED AND APPROVED BY THE BUREAU OF HEALTH SYSTEMS WITHIN THE DEPARTMENT. CODE DEFICIENCIES INCLUDE ANY UNRESOLVED DEFICIENCIES STILL OUTSTANDING WITH THE DEPARTMENT.

~~— (b) An applicant proposing to replace existing licensed nursing home beds in the same planning area, but outside the replacement zone, must demonstrate each of the following: (i) the total number of existing nursing home beds in that planning area is equal to or less than the needed nursing home bed supply set forth in Appendix B and (ii) the number of beds to be replaced is equal to or less than the number of currently licensed beds at the health facility at which the beds proposed for replacement are currently located. This subsection is not applicable to projects seeking approval for beds from the statewide pool of beds.~~

~~(eE)~~ An exception to the number of beds that may be approved pursuant to subsection ~~(1)(aB) or (b)~~ shall be made if the requirements set forth in both (i) and (ii) are met. The number of beds that may be approved in excess of the bed need for each planning area identified in Appendix B is set forth in subsection (iii).

(i) The applicant requesting additional nursing home/HLTCU beds has experienced an occupancy rate, at the nursing home/HLTCU at which the additional beds are proposed, of at least 97% for each of the 12 most recent continuous quarters for which verifiable data are available to the Department on its "Staffing/Bed Utilization Ratios Report."

(ii) The occupancy rate for all nursing homes/HLTCUs in the planning area, including nursing home beds approved from the statewide pool, has been at least 97% for each of the 12 most recent continuous quarters for which verifiable data are available to the Department on its "Staffing/Bed Utilization Ratios Report."

(iii) The number of beds that may be approved pursuant to this subsection shall be the number of beds necessary to reduce the occupancy rate for the planning area in which the additional beds are proposed to the ADC adjustment factor for that planning area as shown in Appendix B. The number of beds shall be calculated by (1) dividing the actual number of patient days of care provided during the most recent 12-month period for which verifiable data are available to the Department provided by all nursing home (including HLTCU) beds in the planning area, including patient days of care provided in beds approved from the statewide pool of beds and dividing that result by 365 (or 366 for leap years); (2) dividing the result of step (1) by the ADC adjustment factor for the planning area in which the beds are proposed to be added; (3) rounding the result of step (2) up to the next whole number; and (4) subtracting the total number of beds in the planning area including beds approved from the statewide pool of beds from the result of step (3). If the number of beds necessary to reduce the planning area occupancy rate to the ADC adjustment factor for that planning area is equal to or more than 20, the number of beds that may be approved pursuant to this subsection shall be up to that number of beds. If the number of beds necessary to reduce the planning area occupancy rate to the ADC adjustment factor for that planning area is less than 20, the number of additional beds that may be approved shall be that number of beds or up to a maximum of 20 beds.

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(F) AN EXCEPTION TO THE NUMBER OF BEDS THAT MAY BE APPROVED PURSUANT TO SUBSECTION 1(B) OF NO MORE THAN 20 BEDS SHALL BE MADE IF THE FOLLOWING REQUIREMENTS ARE MET:

(I) THE PLANNING AREA IN WHICH THE BEDS WILL BE LOCATED SHALL HAVE A POPULATION DENSITY OF LESS THAN 28 INDIVIDUALS PER SQUARE MILE BASED ON THE 2000 U.S. CENSUS FIGURES AS SET FORTH IN APPENDIX D.

(II) THE APPLICANT FACILITY HAS EXPERIENCED AN AVERAGE OCCUPANCY RATE OF 92% FOR THE MOST RECENT 24 MONTHS BASED ON THE DEPARTMENT'S "STAFFING/BED UTILIZATION RATIOS REPORT."

(2) AN APPLICANT PROPOSING TO INCREASE THE NUMBER OF NURSING HOME BEDS IN A PLANNING AREA BY BEGINNING OPERATION OF A NEW NURSING HOME/HLTCU OR INCREASING THE NUMBER OF BEDS TO AN EXISTING LICENSED NURSING HOME/HLTCU PURSUANT TO THE NEW DESIGN MODEL SHALL DEMONSTRATE THE FOLLOWING:

(A) AS IDENTIFIED IN THE BELOW TABLE, THE APPLICANT AND ALL NURSING HOMES UNDER COMMON OWNERSHIP AND CONTROL MUST NOT HAVE ANY OF THE FOLLOWING:

<u>NUMBER OF FACILITIES UNDER COMMON OWNERSHIP OR CONTROL</u>	<u>NUMBER OF FACILITIES ALLOWED TO HAVE ANY OF THE CONDITIONS IDENTIFIED IN SUBSECTIONS (I) THROUGH (V)</u>
<u>UP TO 10 NURSING HOMES</u>	<u>0 FACILITIES</u>
<u>11 TO 20 NURSING HOMES</u>	<u>1 FACILITY</u>
<u>21 OR MORE NURSING HOMES</u>	<u>2 FACILITIES</u>

(I) A STATE ENFORCEMENT ACTION INVOLVING LICENSE REVOCATION, REDUCED LICENSE CAPACITY, OR RECEIVERSHIP WITHIN THE LAST THREE YEARS.

(II) A FILING FOR BANKRUPTCY WITHIN THE LAST THREE YEARS.

(III) TERMINATION OF A MEDICAL ASSISTANCE PROVIDER ENROLLMENT AND TRADING PARTNER AGREEMENT INITIATED BY THE DEPARTMENT WITHIN THE LAST THREE YEARS.

(IV) A NUMBER OF CITATIONS AT LEVEL D OR ABOVE, EXCLUDING LIFE SAFETY CODE CITATIONS, ON THE SCOPE AND SEVERITY GRID ON TWO CONSECUTIVE STANDARD SURVEYS THAT EXCEEDS TWICE THE STATEWIDE AVERAGE FOR CITATIONS OF LEVEL D OR ABOVE.

(V) OUTSTANDING DEBT OBLIGATION TO THE STATE OF MICHIGAN FOR QUALITY ASSURANCE ASSESSMENT PROGRAM (QAAP) OR CIVIL MONETARY PENALTIES (CMP).

(B) THE PROPOSED PROJECT RESULTS IN NO MORE THAN 100 BEDS PER NEW DESIGN MODEL AND MEETS THE FOLLOWING DESIGN STANDARDS:

(I) FOR INPATIENT FACILITIES THAT ARE NOT LIMITED TO GROUP RESIDENT HOUSING OF 10 BEDS OR LESS, THE CONSTRUCTION STANDARDS SHALL BE THOSE APPLICABLE TO NURSING HOMES IN THE DOCUMENT ENTITLED MINIMUM DESIGN STANDARDS FOR HEALTH CARE FACILITIES IN MICHIGAN AND INCORPORATED BY REFERENCE IN SECTION 20145(6) OF THE PUBLIC HEALTH CODE, BEING SECTION 333.20145(6) OF THE MICHIGAN COMPILED LAWS OR ANY FUTURE VERSIONS.

(II) FOR SMALL RESIDENT HOUSING UNITS OF 10 BEDS OR LESS THAT ARE SUPPORTED BY A CENTRAL SUPPORT INPATIENT FACILITY, THE CONSTRUCTION STANDARDS SHALL BE THOSE APPLICABLE TO HOSPICE RESIDENCES PROVIDING AN INPATIENT LEVEL OF CARE, EXCEPT THAT:

(A) AT LEAST 100% OF ALL RESIDENT SLEEPING ROOMS SHALL MEET BARRIER FREE REQUIREMENTS;

(B) ELECTRONIC NURSE CALL SYSTEMS SHALL BE REQUIRED IN ALL FACILITIES;

(C) HANDRAILS SHALL BE REQUIRED ON BOTH SIDES OF PATIENT CORRIDORS; AND

(D) CEILING HEIGHTS SHALL BE A MINIMUM OF 7 FEET 10 INCHES.

(III) THE PROPOSED PROJECT SHALL COMPLY WITH APPLICABLE LIFE SAFETY CODE REQUIREMENTS AND SHALL BE FULLY SPRINKLED AND AIR CONDITIONED.

(IV) THE DEPARTMENT MAY WAIVE CONSTRUCTION REQUIREMENTS FOR NEW DESIGN MODEL PROJECTS IF AUTHORIZED BY LAW.

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(C) THE PROPOSED PROJECT SHALL INCLUDE AT LEAST 80% SINGLE OCCUPANCY RESIDENT ROOMS WITH AN ADJOINING BATHROOM SERVING NO MORE THAN TWO RESIDENTS IN BOTH THE CENTRAL SUPPORT INPATIENT FACILITY AND ANY SUPPORTED SMALL RESIDENT HOUSING UNITS.

(D) AN APPROVED PROJECT MAY INVOLVE REPLACEMENT OF A PORTION OF THE BEDS OF AN EXISTING FACILITY AT A GEOGRAPHIC LOCATION WITHIN THE REPLACEMENT ZONE THAT IS NOT PHYSICALLY CONNECTED TO THE CURRENT LICENSED SITE. IF A PORTION OF THE BEDS ARE REPLACED AT A LOCATION THAT IS NOT THE CURRENT LICENSED SITE, A SEPARATE LICENSE SHALL BE ISSUED TO THE FACILITY AT THE NEW LOCATION.

(E) THE APPLICANT SHALL DEMONSTRATE AN AGREEMENT TO EVALUATE THE NEW DESIGN COOPERATIVELY WITH AN APPROPRIATE EVALUATION AGENT THAT HAS BEEN APPROVED BY THE OFFICE OF SERVICES TO THE AGING (OSA), MDCH AND MEDICAL SERVICES ADMINISTRATION (MSA), MDCH. THE EVALUATION WILL INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING AREAS: (A) QUALITY OF CARE AND QUALITY INDICATORS, (B) CLIENT AND/OR FAMILY SATISFACTION, (C) UTILIZATION OF DRUGS, (D) STAFF RECRUITMENT AND RETENTION, (E) ANNUAL SURVEY REPORTS INCLUDING COMPLAINTS, AND (F) THE IMPACT ON CAPITAL AND OPERATING COSTS. THE EVALUATION MAY BE EXPANDED TO OTHER AREAS AS NEEDED TO DETERMINE THE IMPACT OF THE NEW DESIGN ON DELIVERY OF CARE AND QUALITY OF LIFE.

(F) THE NURSING HOME/HLTCU HAS NOT BEEN CITED BY THE DEPARTMENT FOR 1 OR MORE SUBSTANDARD QUALITY OF CARE (SQOC) CITATIONS, AS DEFINED IN THE FEDERAL REGULATIONS, DURING THE 12 MONTHS PRIOR TO THE DATE AN APPLICATION IS SUBMITTED TO THE DEPARTMENT.

(G) THE NURSING HOME/HLTCU'S PARENT OR ANY SUBSIDIARY HAS TAKEN ACTIONS ACCEPTABLE TO THE DEPARTMENT TO CORRECT, IMPROVE, OR REMEDY ANY CONDITION OR CONCERN THAT RESULTED IN A SQOC CITATION ISSUED OVER THE PAST 12-MONTH PERIOD IN ANY NURSING HOME OR HOSPITAL LONG-TERM CARE UNIT UNDER ITS PARENT OR ANY SUBSIDIARY.

#### **Section 7. Requirements for projects involving new construction or renovation**

Sec. 7. (1) For projects involving new construction or renovation, an applicant shall demonstrate each of the following, as applicable:

(a) For projects involving the new construction of patient rooms, or room plan changes, the patient rooms shall be constructed or renovated to be consistent with the following minimum square feet of net usable area:

<u>Room Type</u>	<u>Net Usable Area</u>
	<u>Minimum Sq. Ft.</u>
One person	100
Two person	160
Three person	240
Four person	320

(b) For proposed projects involving construction of an entire facility (whether new or replacement), the proposed total gross square footage of the facility shall be no less than 200 gross square feet per bed.

(2) An applicant proposing a project involving new construction or renovation shall demonstrate that a plan of correction for cited code deficiencies including life and fire safety (if any) for the applicant health facility has been submitted to and approved by the Department of Consumer and Industry Services, Division of Licensing and Certification.

#### **SECTION 7. REQUIREMENTS FOR APPROVAL TO RELOCATE EXISTING NURSING HOME/HLTCU BEDS**

SEC. 7. (1) AN APPLICANT PROPOSING TO RELOCATE EXISTING NURSING HOME/HLTCU BEDS

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SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH THE NEEDED NURSING HOME BED SUPPLY SET FORTH IN APPENDIX B, IF THE APPLICANT DEMONSTRATES ALL OF THE FOLLOWING:

(A) AN EXISTING NURSING HOME/HLTCU MAY RELOCATE NO MORE THAN 50% OF ITS BEDS TO ANOTHER EXISTING NURSING HOME/HLTCU.

(B) THE NURSING HOME/HLTCU FROM WHICH THE BEDS ARE BEING RELOCATED AND THE NURSING HOME/HLTCU RECEIVING THE BEDS, SHALL NOT REQUIRE ANY OWNERSHIP RELATIONSHIP.

(C) THE NURSING HOME/HLTCU FROM WHICH THE BEDS ARE BEING RELOCATED AND THE NURSING HOME/HLTCU RECEIVING THE BEDS MUST BE LOCATED IN THE SAME PLANNING AREA.

(D) THE NURSING HOME/HLTCU FROM WHICH THE BEDS ARE BEING RELOCATED HAS NOT RELOCATED ANY BEDS WITHIN THE LAST SEVEN (7) YEARS.

(E) THE RELOCATED BEDS SHALL BE LICENSED TO THE RECEIVING NURSING HOME/HLTCU AND WILL BE COUNTED IN THE INVENTORY FOR THE APPLICABLE PLANNING AREA.

(F) AT THE TIME OF TRANSFER TO THE RECEIVING FACILITY, THE RELOCATED BEDS MUST BE VACANT, NOT UTILIZED BY A PATIENT, AND NOT RESULTING IN AN INVOLUNTARY DISCHARGE OF A PATIENT.

(2) AN APPLICANT PROPOSING TO ADD NEW NURSING HOME/HLTCU BEDS, AS THE RECEIVING EXISTING NURSING HOME/HLTCU UNDER SUBSECTION (1), SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH THE NEEDED NURSING HOME BED SUPPLY SET FORTH IN APPENDIX B, IF THE APPLICANT DEMONSTRATES ALL OF THE FOLLOWING:

(A) THE APPROVAL OF THE PROPOSED NEW NURSING HOME/HLTCU BEDS SHALL NOT RESULT IN AN INCREASE IN THE NUMBER OF NURSING HOME BEDS IN THE PLANNING AREA.

(B) A PLAN OF CORRECTION FOR CITED STATE OR FEDERAL CODE DEFICIENCIES AT THE HEALTH FACILITY, IF ANY, HAS BEEN SUBMITTED AND APPROVED BY THE BUREAU OF HEALTH SYSTEMS WITHIN THE DEPARTMENT. CODE DEFICIENCIES INCLUDE ANY UNRESOLVED DEFICIENCIES STILL OUTSTANDING WITH THE DEPARTMENT.

**Section 8. Requirements for approval ~~--replacement beds~~ TO REPLACE AN EXISTING LICENSED NURSING HOME/HLTCU**

Sec. 8. An applicant proposing ~~replacement beds~~ TO REPLACE AN EXISTING LICENSED NURSING HOME/HLTCU MUST MEET THE FOLLOWING AS APPLICABLE.

(1) AN APPLICANT PROPOSING TO REPLACE AN EXISTING LICENSED NURSING HOME/HLTCU IN THE SAME PLANNING AREA AND WITHIN THE REPLACEMENT ZONE, shall not be required to be in compliance with the needed nursing home bed supply set forth in Appendix B if the applicant demonstrates all of the following:

(A) AS IDENTIFIED IN THE BELOW TABLE, THE APPLICANT AND ALL NURSING HOMES UNDER COMMON OWNERSHIP AND CONTROL MUST NOT HAVE ANY OF THE FOLLOWING:

<u>NUMBER OF FACILITIES UNDER COMMON OWNERSHIP OR CONTROL</u>	<u>NUMBER OF FACILITIES ALLOWED TO HAVE ANY OF THE CONDITIONS IDENTIFIED IN SUBSECTIONS (I) THROUGH (VII)</u>
<u>UP TO 10 NURSING HOMES</u>	<u>0 FACILITIES</u>
<u>11 TO 20 NURSING HOMES</u>	<u>1 FACILITY</u>
<u>21 OR MORE NURSING HOMES</u>	<u>2 FACILITIES</u>

(I) A STATE ENFORCEMENT ACTION INVOLVING LICENSE REVOCATION, REDUCED LICENSE CAPACITY, OR RECEIVERSHIP WITHIN THE LAST THREE YEARS.

(II) A FILING FOR BANKRUPTCY WITHIN THE LAST THREE YEARS.

(III) TERMINATION OF A MEDICAL ASSISTANCE PROVIDER ENROLLMENT AND TRADING PARTNER AGREEMENT INITIATED BY THE DEPARTMENT WITHIN THE LAST THREE YEARS.

(IV) A NUMBER OF CITATIONS AT LEVEL D OR ABOVE, EXCLUDING LIFE SAFETY CODE CITATIONS, ON THE SCOPE AND SEVERITY GRID ON TWO CONSECUTIVE STANDARD SURVEYS THAT EXCEEDS TWICE THE STATEWIDE AVERAGE FOR CITATIONS OF LEVEL D OR ABOVE.

(V) OUTSTANDING DEBT OBLIGATION TO THE STATE OF MICHIGAN FOR QUALITY ASSURANCE ASSESSMENT PROGRAM (QAAP) OR CIVIL MONETARY PENALTIES (CMP).

(VI) A STATE RULE VIOLATION SHOWING FAILURE TO COMPLY WITH THE STATE MINIMUM STAFFING REQUIREMENTS AND/OR A FEDERAL CITATION DOCUMENTING POTENTIALLY HARMFUL RESIDENT CARE DEFICITS RESULTING FROM INSUFFICIENT STAFF WITHIN THE LAST THREE YEARS.

(VII) REPEAT CITATIONS AT THE HARM OR SUBSTANDARD QUALITY OF CARE LEVEL ISSUED WITHIN THE LAST THREE YEARS.

(aB) the PROPOSED project ~~proposes IS~~ to replace an equal or lesser number of beds currently licensed to the applicant at ~~the THAT~~ licensed site ~~at which the proposed replacement beds are currently located;~~

(bC) the proposed ~~licensed~~ site is in the replacement zone, ~~and~~

~~(c) the applicant meets all other applicable CON review standards and agrees and assures to comply with all applicable project delivery requirements.~~

(D) THE PROPOSED PROJECT MEETS THE PHYSICAL REQUIREMENTS FOUND IN THE MINIMUM DESIGN STANDARDS FOR HEALTH CARE FACILITIES OF MICHIGAN, REFERENCED IN SECTION 20145 (6) OF THE PUBLIC HEALTH CODE, ACT 368 OF 1978, AS AMENDED AND ARE PUBLISHED BY THE DEPARTMENT.

(E) A PLAN OF CORRECTION FOR CITED STATE OR FEDERAL CODE DEFICIENCIES AT THE HEALTH FACILITY, IF ANY, HAS BEEN SUBMITTED AND APPROVED BY THE BUREAU OF HEALTH SYSTEMS WITHIN THE DEPARTMENT. CODE DEFICIENCIES INCLUDE ANY UNRESOLVED DEFICIENCIES STILL OUTSTANDING WITH THE DEPARTMENT.

(F) THE HLTCU REMAINS WITHIN THE HOSPITAL IF THE PROJECT INVOLVES AN HLTCU.

(2) AN APPLICANT PROPOSING TO REPLACE EXISTING LICENSED NURSING HOME/HLTCU IN THE SAME PLANNING AREA, BUT OUTSIDE THE REPLACEMENT ZONE, SHALL DEMONSTRATES ALL OF THE FOLLOWING:

(A) AS IDENTIFIED IN THE BELOW TABLE, THE APPLICANT AND ALL NURSING HOMES UNDER COMMON OWNERSHIP AND CONTROL MUST NOT HAVE ANY OF THE FOLLOWING:

<u>NUMBER OF FACILITIES UNDER COMMON OWNERSHIP OR CONTROL</u>	<u>NUMBER OF FACILITIES ALLOWED TO HAVE ANY OF THE CONDITIONS IDENTIFIED IN SUBSECTIONS (I) THROUGH (VII)</u>
<u>UP TO 10 NURSING HOMES</u>	<u>0 FACILITIES</u>
<u>11 TO 20 NURSING HOMES</u>	<u>1 FACILITY</u>
<u>21 OR MORE NURSING HOMES</u>	<u>2 FACILITIES</u>

(I) A STATE ENFORCEMENT ACTION INVOLVING LICENSE REVOCATION, REDUCED LICENSE CAPACITY, OR RECEIVERSHIP WITHIN THE LAST THREE YEARS.

(II) A FILING FOR BANKRUPTCY WITHIN THE LAST THREE YEARS.

(III) TERMINATION OF A MEDICAL ASSISTANCE PROVIDER ENROLLMENT AND TRADING PARTNER AGREEMENT INITIATED BY THE DEPARTMENT WITHIN THE LAST THREE YEARS.

(IV) A NUMBER OF CITATIONS AT LEVEL D OR ABOVE, EXCLUDING LIFE SAFETY CODE CITATIONS, ON THE SCOPE AND SEVERITY GRID ON TWO CONSECUTIVE STANDARD SURVEYS THAT EXCEEDS TWICE THE STATEWIDE AVERAGE FOR CITATIONS OF LEVEL D OR ABOVE.

(V) OUTSTANDING DEBT OBLIGATION TO THE STATE OF MICHIGAN FOR QUALITY ASSURANCE ASSESSMENT PROGRAM (QAAP) OR CIVIL MONETARY PENALTIES (CMP).

(VI) A STATE RULE VIOLATION SHOWING FAILURE TO COMPLY WITH THE STATE MINIMUM STAFFING REQUIREMENTS AND/OR A FEDERAL CITATION DOCUMENTING POTENTIALLY

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HARMFUL RESIDENT CARE DEFICITS RESULTING FROM INSUFFICIENT STAFF WITHIN THE LAST THREE YEARS.

(VII) REPEAT CITATIONS AT THE HARM OR SUBSTANDARD QUALITY OF CARE LEVEL ISSUED WITHIN THE LAST THREE YEARS.

(B) THE TOTAL NUMBER OF EXISTING NURSING HOME BEDS IN THAT PLANNING AREA IS EQUAL TO OR LESS THAN THE NEEDED NURSING HOME BED SUPPLY SET FORTH IN APPENDIX B.

(C) THE NUMBER OF BEDS TO BE REPLACED IS EQUAL TO OR LESS THAN THE NUMBER OF CURRENTLY LICENSED BEDS AT THE NURSING HOME/HLTCU AT WHICH THE BEDS PROPOSED FOR REPLACEMENT ARE CURRENTLY LOCATED.

(D) THE PROPOSED PROJECT MEETS THE PHYSICAL REQUIREMENTS FOUND IN THE MINIMUM DESIGN STANDARDS FOR HEALTH CARE FACILITIES OF MICHIGAN, REFERENCED IN SECTION 20145 (6) OF THE PUBLIC HEALTH CODE, ACT 368 OF 1978, AS AMENDED AND ARE PUBLISHED BY THE DEPARTMENT.

(E) A PLAN OF CORRECTION FOR CITED STATE OR FEDERAL CODE DEFICIENCIES AT THE HEALTH FACILITY, IF ANY, HAS BEEN SUBMITTED AND APPROVED BY THE BUREAU OF HEALTH SYSTEMS WITHIN THE DEPARTMENT. CODE DEFICIENCIES INCLUDE ANY UNRESOLVED DEFICIENCIES STILL OUTSTANDING WITH THE DEPARTMENT.

(3) AN APPLICANT PROPOSING TO REPLACE AN EXISTING LICENSED NURSING HOME/HLTCU WITH A NEW DESIGN MODEL SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH THE NEEDED NURSING HOME BED SUPPLY SET FORTH IN APPENDIX B IF THE APPLICANT DEMONSTRATES ALL OF THE FOLLOWING:

(A) THE PROPOSED PROJECT RESULTS IN NO MORE THAN 100 BEDS PER NEW DESIGN MODEL AND MEETS THE FOLLOWING DESIGN STANDARDS:

(I) FOR INPATIENT FACILITIES THAT ARE NOT LIMITED TO GROUP RESIDENT HOUSING OF 10 BEDS OR LESS, THE CONSTRUCTION STANDARDS SHALL BE THOSE APPLICABLE TO NURSING HOMES IN THE DOCUMENT ENTITLED MINIMUM DESIGN STANDARDS FOR HEALTH CARE FACILITIES IN MICHIGAN AND INCORPORATED BY REFERENCE IN SECTION 20145(6) OF THE PUBLIC HEALTH CODE, BEING SECTION 333.20145(6) OF THE MICHIGAN COMPILED LAWS OR ANY FUTURE VERSIONS.

(II) FOR SMALL RESIDENT HOUSING UNITS OF 10 BEDS OR LESS THAT ARE SUPPORTED BY A CENTRAL SUPPORT INPATIENT FACILITY, THE CONSTRUCTION STANDARDS SHALL BE THOSE APPLICABLE TO HOSPICE RESIDENCES PROVIDING AN INPATIENT LEVEL OF CARE, EXCEPT THAT:

(A) AT LEAST 100% OF ALL RESIDENT SLEEPING ROOMS SHALL MEET BARRIER FREE REQUIREMENTS;

(B) ELECTRONIC NURSE CALL SYSTEMS SHALL BE REQUIRED IN ALL FACILITIES;

(C) HANDRAILS SHALL BE REQUIRED ON BOTH SIDES OF PATIENT CORRIDORS; AND

(D) CEILING HEIGHTS SHALL BE A MINIMUM OF 7 FEET 10 INCHES.

(III) THE PROPOSED PROJECT SHALL COMPLY WITH APPLICABLE LIFE SAFETY CODE REQUIREMENTS AND SHALL BE FULLY SPRINKLED AND AIR CONDITIONED.

(IV) THE DEPARTMENT MAY WAIVE CONSTRUCTION REQUIREMENTS FOR NEW DESIGN MODEL PROJECTS IF AUTHORIZED BY LAW.

(B) THE PROPOSED PROJECT SHALL INCLUDE AT LEAST 80% SINGLE OCCUPANCY RESIDENT ROOMS WITH AN ADJOINING BATHROOM SERVING NO MORE THAN TWO RESIDENTS IN BOTH THE CENTRAL SUPPORT INPATIENT FACILITY AND ANY SUPPORTED SMALL RESIDENT HOUSING UNITS. IF THE PROPOSED PROJECT IS FOR REPLACEMENT/RENOVATION OF AN EXISTING FACILITY AND UTILIZES ONLY A PORTION OF ITS CURRENTLY LICENSED BEDS, THE REMAINING ROOMS AT THE EXISTING FACILITY SHALL NOT EXCEED DOUBLE OCCUPANCY.

(C) THE PROPOSED PROJECT SHALL BE WITHIN THE REPLACEMENT ZONE UNLESS THE APPLICANT DEMONSTRATES ALL OF THE FOLLOWING:

(I) THE PROPOSED LICENSED SITE FOR THE REPLACEMENT BEDS IS IN THE SAME PLANNING AREA, AND NOT WITHIN A THREE MILE RADIUS OF A LICENSED NURSING HOME THAT HAS BEEN NEWLY CONSTRUCTED, OR REPLACED (INCLUDING APPROVED PROJECTS)

627 WITHIN FIVE CALENDAR YEARS PRIOR TO DECEMBER 4, 2004.

628 (II) THE APPLICANT SHALL PROVIDE A SIGNED AFFIDAVIT OR RESOLUTION FROM ITS  
629 GOVERNING BODY OR AUTHORIZED AGENT STATING THAT THE PROPOSED LICENSED SITE  
630 WILL CONTINUE TO PROVIDE SERVICE TO THE SAME MARKET, AND

631 (III) THE CURRENT PATIENTS OF THE FACILITY/BEDS BEING REPLACED SHALL BE  
632 ADMITTED TO THE REPLACEMENT BEDS WHEN THE REPLACEMENT BEDS ARE LICENSED, TO  
633 THE EXTENT THAT THOSE PATIENTS DESIRE TO TRANSFER TO THE REPLACEMENT  
634 FACILITY/BEDS.

635 (D) AN APPROVED PROJECT MAY INVOLVE REPLACEMENT OF A PORTION OF THE BEDS  
636 OF AN EXISTING FACILITY AT A GEOGRAPHIC LOCATION WITHIN THE REPLACEMENT ZONE  
637 THAT IS NOT PHYSICALLY CONNECTED TO THE CURRENT LICENSED SITE. IF A PORTION OF  
638 THE BEDS ARE REPLACED AT A LOCATION THAT IS NOT THE CURRENT LICENSED SITE, A  
639 SEPARATE LICENSE SHALL BE ISSUED TO THE FACILITY AT THE NEW LOCATION.

640 (E) THE APPLICANT SHALL DEMONSTRATE AN AGREEMENT TO EVALUATE THE NEW  
641 DESIGN COOPERATIVELY WITH AN APPROPRIATE EVALUATION AGENT THAT HAS BEEN  
642 APPROVED BY THE OFFICE OF SERVICES TO THE AGING (OSA), MDCH AND MEDICAL SERVICES  
643 ADMINISTRATION (MSA), MDCH. THE EVALUATION WILL INCLUDE BUT IS NOT LIMITED TO THE  
644 FOLLOWING AREAS: (A) QUALITY OF CARE AND QUALITY INDICATORS, (B) CLIENT AND/OR  
645 FAMILY SATISFACTION, (C) UTILIZATION OF DRUGS, (D) STAFF RECRUITMENT AND RETENTION,  
646 (E) ANNUAL SURVEY REPORTS INCLUDING COMPLAINTS, AND (F) THE IMPACT ON CAPITAL AND  
647 OPERATING COSTS. THE EVALUATION MAY BE EXPANDED TO OTHER AREAS AS NEEDED TO  
648 DETERMINE THE IMPACT OF THE NEW DESIGN ON DELIVERY OF CARE AND QUALITY OF LIFE.

649 (F) THE NURSING HOME/HLTCU HAS NOT BEEN CITED BY THE DEPARTMENT FOR 1 OR  
650 MORE SQOC CITATIONS, AS DEFINED IN THE FEDERAL REGULATIONS, DURING THE 12  
651 MONTHS PRIOR TO THE DATE AN APPLICATION IS SUBMITTED TO THE DEPARTMENT.

652 (G) THE NURSING HOME/HLTCU'S PARENT OR ANY SUBSIDIARY HAS TAKEN ACTIONS  
653 ACCEPTABLE TO THE DEPARTMENT TO CORRECT, IMPROVE, OR REMEDY ANY CONDITION OR  
654 CONCERN THAT RESULTED IN A SQOC CITATION ISSUED OVER THE PAST 12-MONTH PERIOD  
655 IN ANY NURSING HOME OR HOSPITAL LONG-TERM CARE UNIT UNDER ITS PARENT OR ANY  
656 SUBSIDIARY.

657  
658 **Section 9. Requirements for approval ~~--- acquisition of a new~~ TO ACQUIRING OR RENEWAL OF**  
659 **THE LEASE OF AN EXISTING nursing home ~~or~~ /HLTCU**  
660

661 Sec. 9. AN APPLICANT PROPOSING TO ACQUIRE OR RENEW THE LEASE OF AN EXISTING  
662 NURSING HOME/HLTCU MUST MEET THE FOLLOWING AS APPLICABLE:  
663

664 (1) An applicant proposing to acquire ~~a new~~ AN EXISTING nursing home ~~or~~ /HLTCU shall not be  
665 required to be in compliance with the needed nursing home bed supply set forth in Appendix B for the  
666 planning area in which the nursing home or HLTCU ~~subject to the proposed acquisition~~ is located if the  
667 applicant demonstrates ~~that~~ all of the following ~~are met~~:

668 (A) AS IDENTIFIED IN THE BELOW TABLE, THE APPLICANT AND ALL NURSING HOMES  
669 UNDER COMMON OWNERSHIP AND CONTROL MUST NOT HAVE ANY OF THE FOLLOWING:  
670

<u>NUMBER OF FACILITIES UNDER</u> <u>COMMON OWNERSHIP OR</u> <u>CONTROL</u>	<u>NUMBER OF FACILITIES ALLOWED TO HAVE</u> <u>ANY OF THE CONDITIONS IDENTIFIED IN</u> <u>SUBSECTIONS (I) THROUGH (VII)</u>
<u>UP TO 10 NURSING HOMES</u>	<u>0 FACILITIES</u>
<u>11 TO 20 NURSING HOMES</u>	<u>1 FACILITY</u>
<u>21 OR MORE NURSING HOMES</u>	<u>2 FACILITIES</u>

671  
672 (I) A STATE ENFORCEMENT ACTION INVOLVING LICENSE REVOCATION, REDUCED  
673 LICENSE CAPACITY, OR RECEIVERSHIP WITHIN THE LAST THREE YEARS.

674 (II) A FILING FOR BANKRUPTCY WITHIN THE LAST THREE YEARS.



(III) TERMINATION OF A MEDICAL ASSISTANCE PROVIDER ENROLLMENT AND TRADING PARTNER AGREEMENT INITIATED BY THE DEPARTMENT WITHIN THE LAST THREE YEARS.  
(IV) A NUMBER OF CITATIONS AT LEVEL D OR ABOVE, EXCLUDING LIFE SAFETY CODE CITATIONS, ON THE SCOPE AND SEVERITY GRID ON TWO CONSECUTIVE STANDARD SURVEYS THAT EXCEEDS TWICE THE STATEWIDE AVERAGE FOR CITATIONS OF LEVEL D OR ABOVE.  
(V) OUTSTANDING DEBT OBLIGATION TO THE STATE OF MICHIGAN FOR QUALITY ASSURANCE ASSESSMENT PROGRAM (QAAP) OR CIVIL MONETARY PENALTIES (CMP).  
(VI) A STATE RULE VIOLATION SHOWING FAILURE TO COMPLY WITH THE STATE MINIMUM STAFFING REQUIREMENTS AND/OR A FEDERAL CITATION DOCUMENTING POTENTIALLY HARMFUL RESIDENT CARE DEFICITS RESULTING FROM INSUFFICIENT STAFF WITHIN THE LAST THREE YEARS.  
(VII) REPEAT CITATIONS AT THE HARM OR SUBSTANDARD QUALITY OF CARE LEVEL ISSUED WITHIN THE LAST THREE YEARS.  
~~(aB)~~ the acquisition will not result in a change in bed capacity,  
~~(bC)~~ the licensed site does not change as a result of the acquisition, ~~and~~  
~~(eD)~~ the project is limited solely to the acquisition of a nursing home ~~or~~ HLTCU with a valid license.  
(E) A PLAN OF CORRECTION FOR CITED STATE OR FEDERAL CODE DEFICIENCIES AT THE HEALTH FACILITY, IF ANY, HAS BEEN SUBMITTED AND APPROVED BY THE BUREAU OF HEALTH SYSTEMS WITHIN THE DEPARTMENT. CODE DEFICIENCIES INCLUDE ANY UNRESOLVED DEFICIENCIES STILL OUTSTANDING WITH THE DEPARTMENT, AND  
(F) THE HLTCU REMAINS WITHIN THE HOSPITAL, IF THE PROJECT INVOLVES AN HLTCU.

(2) AN APPLICANT PROPOSING TO ACQUIRE AN EXISTING NURSING HOME/HLTCU APPROVED PURSUANT TO THE NEW DESIGN MODEL SHALL DEMONSTRATE THE FOLLOWING:

(A) AS IDENTIFIED IN THE BELOW TABLE, THE APPLICANT AND ALL NURSING HOMES UNDER COMMON OWNERSHIP AND CONTROL MUST NOT HAVE ANY OF THE FOLLOWING:

<u>NUMBER OF FACILITIES UNDER COMMON OWNERSHIP OR CONTROL</u>	<u>NUMBER OF FACILITIES ALLOWED TO HAVE ANY OF THE CONDITIONS IDENTIFIED IN SUBSECTIONS (I) THROUGH (VII)</u>
<u>UP TO 10 NURSING HOMES</u>	<u>0 FACILITIES</u>
<u>11 TO 20 NURSING HOMES</u>	<u>1 FACILITY</u>
<u>21 OR MORE NURSING HOMES</u>	<u>2 FACILITIES</u>

(I) A STATE ENFORCEMENT ACTION INVOLVING LICENSE REVOCATION, REDUCED LICENSE CAPACITY, OR RECEIVERSHIP WITHIN THE LAST THREE YEARS.  
(II) A FILING FOR BANKRUPTCY WITHIN THE LAST THREE YEARS.  
(III) TERMINATION OF A MEDICAL ASSISTANCE PROVIDER ENROLLMENT AND TRADING PARTNER AGREEMENT INITIATED BY THE DEPARTMENT WITHIN THE LAST THREE YEARS.  
(IV) A NUMBER OF CITATIONS AT LEVEL D OR ABOVE, EXCLUDING LIFE SAFETY CODE CITATIONS, ON THE SCOPE AND SEVERITY GRID ON TWO CONSECUTIVE STANDARD SURVEYS THAT EXCEEDS TWICE THE STATEWIDE AVERAGE FOR CITATIONS OF LEVEL D OR ABOVE.  
(V) OUTSTANDING DEBT OBLIGATION TO THE STATE OF MICHIGAN FOR QUALITY ASSURANCE ASSESSMENT PROGRAM (QAAP) OR CIVIL MONETARY PENALTIES (CMP).  
(VI) A STATE RULE VIOLATION SHOWING FAILURE TO COMPLY WITH THE STATE MINIMUM STAFFING REQUIREMENTS AND/OR A FEDERAL CITATION DOCUMENTING POTENTIALLY HARMFUL RESIDENT CARE DEFICITS RESULTING FROM INSUFFICIENT STAFF WITHIN THE LAST THREE YEARS.  
(VII) REPEAT CITATIONS AT THE HARM OR SUBSTANDARD QUALITY OF CARE LEVEL ISSUED WITHIN THE LAST THREE YEARS.  
(B) AN APPLICANT WILL CONTINUE TO OPERATE THE EXISTING NURSING HOME/HLTCU PURSUANT TO THE NEW DESIGN MODEL REQUIREMENTS.  
(C) THE APPLICANT OR ANY NURSING HOME/HLTCU OWNED OR OPERATED BY THE APPLICANT HAS NOT BEEN CITED BY THE DEPARTMENT FOR 1 OR MORE SQOC CITATIONS, AS

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DEFINED IN THE FEDERAL REGULATIONS, DURING THE 12 MONTHS PRIOR TO THE DATE AN APPLICATION IS SUBMITTED TO THE DEPARTMENT.

(D) THE APPLICANT'S PARENT OR ANY SUBSIDIARY HAS TAKEN ACTIONS ACCEPTABLE TO THE DEPARTMENT TO CORRECT, IMPROVE, OR REMEDY ANY CONDITION OR CONCERN THAT RESULTED IN A SQOC CITATION ISSUED OVER THE PAST 12-MONTH PERIOD IN ANY NURSING HOME OR HOSPITAL LONG-TERM CARE UNIT UNDER ITS PARENT OR ANY SUBSIDIARY.

(3) AN APPLICANT PROPOSING TO RENEW THE LEASE FOR AN EXISTING NURSING HOME/HLTCU SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH THE NEEDED NURSING HOME BED SUPPLY SET FORTH IN APPENDIX B FOR THE PLANNING AREA IN WHICH THE NURSING HOME/HLTCU IS LOCATED, IF THE APPLICANT DEMONSTRATES ALL OF THE FOLLOWING:

(A) THE LEASE RENEWAL WILL NOT RESULT IN A CHANGE IN BED CAPACITY.

(B) THE LICENSED SITE DOES NOT CHANGE AS A RESULT OF THE LEASE RENEWAL, AND

(C) A PLAN OF CORRECTION FOR CITED STATE OR FEDERAL CODE DEFICIENCIES AT THE HEALTH FACILITY, IF ANY, HAS BEEN SUBMITTED AND APPROVED BY THE BUREAU OF HEALTH SYSTEMS WITHIN THE DEPARTMENT. CODE DEFICIENCIES INCLUDE ANY UNRESOLVED DEFICIENCIES STILL OUTSTANDING WITH THE DEPARTMENT.

#### Section 10. Review standards for comparative review

Sec. 10 (1) Any application subject to comparative review, under Section 22229 of the Code, being Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and reviewed comparatively with other applications in accordance with the CON rules.

(2) The degree to which each application in a comparative group meets the criterion set forth in Section 22230 of the Code, being Section 333.22230 of the Michigan Compiled Laws, shall be determined based on the sum of points awarded under subsections (a), AND (b), ~~and (c).~~

(a) A qualifying project will be awarded points, in ~~accord~~ ACCORDANCE with the schedule set forth below, based on the nursing home's/HLTCU's ~~proposed~~ CURRENT percentage of the nursing home's/HLTCU's patient days of care to be reimbursed by Medicaid (calculated using total patient days for all existing and proposed beds at the facility) for the MOST RECENT ~~second~~ 12 months of operation ~~following project completion, and annually for at least seven years thereafter.~~

<del>Proposed</del> Percentage of Medicaid Patient Days	Points Awarded
0	0
1 <del>–</del> 19	<del>43</del>
20 <del>–</del> 29	<del>26</del>
40 <del>–</del> 59	<del>39</del>
60 <del>–</del> 100	<del>412</del>

~~(b) A qualifying project will be awarded points, in accord with the schedule set forth below, based on the nursing home's/HLTCU's proposed percentage, for the second 12 months of operation following project completion and annually for at least seven years thereafter, of all of the nursing home's/HLTCU's newly admitted patients (not including readmissions) that will be Medicaid recipients or Medicaid eligible recipients.~~

~~Proposed~~  
~~Percentage of~~

769	<u>Medicaid</u>	<u>Points</u>
770	<u>Admissions</u>	<u>Awarded</u>
771		
772	0	0
773	1 - 5	1
774	6 - 15	2
775	16 - 30	3
776	31 - 100	4
777		

(eB) A qualifying project will be awarded ~~three~~ NINE (39) points if, ~~within six months of beginning operation and for at least seven years thereafter,~~ 100 percent (100%), SIX (6) POINTS IF 75%, AND THREE (3) POINT IF 50% of the licensed nursing home beds at the facility ~~(both existing and proposed) will be~~ ARE Medicaid certified IN THE MOST RECENT 12 MONTHS.

(3) A qualifying project will be awarded points, in accord with the schedule set forth below, based on its MOST RECENT 12 MONTHS OF proposed participation in the Medicare program ~~within six months of beginning operation and annually for at least seven years thereafter, including both physically conforming existing and proposed beds.~~

787		Points
788		<u>Awarded</u>
789	<u>Proposed</u> Participation	
790		
791	No Medicare certification of	0
792	any physically conforming	
793	existing and proposed beds.	
794		
795	Medicare certification of at least	1
796	one (1) bed but less than 100% of	
797	all physically conforming	
798	existing and proposed beds.	
799		
800	Medicare certification of 100% of	2
801	all physically conforming	
802	existing and proposed beds.	
803		

(4) A qualifying project will have points deducted based on the applicant's record of compliance with applicable federal and state safety and operating standards for any nursing home/HLTCU owned and/or operated by the applicant in Michigan. Points shall be deducted in accord with the schedule set forth below if, AFTER JULY 11, 1993 ~~following the effective date of these standards~~, the records which are maintained by the Department document (a) any nonrenewal or revocation of license for cause and/or (b) nonrenewal or termination for cause of either Medicare or Medicaid certification of any Michigan nursing home/HLTCU owned and/or operated by the applicant.

Nursing Home/HLTCU Compliance Action	Points Deducted
Nonrenewal or revocation of license	<u>24</u>
Nonrenewal or termination of:	
Certification - Medicare	<u>24</u>
Certification - Medicaid	<u>24</u>

~~(5) A qualifying project will be awarded two points if, following project completion, the applicant will provide either directly or through contractual relationships, as part of its living or housing arrangements, a home for the aged, an adult foster care home, or independent housing located on the same site or in the~~

816 same planning area.

817  
818 (5) A QUALIFYING PROJECT WILL BE AWARDED NINE (9) POINTS, IF THE APPLICANT  
819 CURRENTLY PROVIDES OR DEMONSTRATES THAT IT WILL PARTICIPATE IN A CULTURE  
820 CHANGE MODEL, WHICH CONTAINS PERSON CENTERED CARE, ONGOING STAFF TRAINING,  
821 AND MEASUREMENTS OF OUTCOMES.

822  
823 (6) A qualifying project will be awarded points based on the applicant's "Total proposed project cost  
824 per bed," in accord with the schedule set forth below, (where "A" represents "Average total proposed  
825 project cost per bed"):

Range of "Total proposed project cost per bed"	Points Awarded
0 to (A minus \$3000)	<u>510</u>
(A minus \$2999) to (A minus \$1000)	<u>48</u>
(A minus \$999) to (A plus \$1000)	<u>36</u>
(A plus \$1001) to (A plus \$5000)	<u>24</u>
(A plus \$5001) to (A plus \$11,000)	<u>12</u>
Above (A plus \$11,000)	0

827  
828 (7) A qualifying project will be awarded points based on the proposed percentage of the "Applicant's  
829 cash" to be applied toward funding the "Total proposed project cost" in accord with the schedule set forth  
830 below:

Percentage "Applicant's Cash"	Points Awarded
Over 20 percent	<u>510</u>
15.1 to 20 percent	<u>48</u>
10.1 to 15 percent	<u>36</u>
5.1 to 10 percent	<u>24</u>
1.1 to 5 percent	<u>12</u>
0 to 1 percent	0

832  
833 (8) A QUALIFYING PROJECT WILL BE AWARDED SIX (6) POINTS IF, THE EXISTING OR  
834 PROPOSED NURSING HOME PROVIDES HVAC DOCUMENTATION THAT THE AIR CONDITIONING  
835 SYSTEM CAN MAINTAIN A TEMPERATURE LEVEL OF 71 – 81° IN ALL COMMON AREAS AND  
836 RESIDENT ROOMS.

837  
838 (9) A QUALIFYING PROJECT WILL BE AWARDED SIX (6) POINTS IF, THE EXISTING OR  
839 PROPOSED NURSING HOME IS FULLY EQUIPPED WITH SPRINKLERS.

840  
841 (10) A QUALIFYING PROJECT WILL BE AWARDED POINTS BASED ON THE FACILITY DESIGN  
842 OF THE EXISTING OR PROPOSED NURSING HOME:

<u>FACILITY DESIGN</u>	<u>POINTS AWARDED</u>
<u>80% PRIVATE ROOMS WITH PRIVATE TOILET AND SINK, AND CENTRAL SHOWERS WITH ADJACENT PRIVATE CHANGING ROOM</u>	<u>6</u>
<u>80% PRIVATE ROOMS WITH PRIVATE TOILET, SINK, AND SHOWER</u>	<u>6</u>
<u>80% PRIVATE ROOMS WITH PRIVATE SINK, SHARED TOILET, AND CENTRAL SHOWERS WITH ADJACENT</u>	<u>3</u>

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PRIVATE CHANGING ROOM

~~(8) qualifying project will be awarded points for the following financing category:~~

<del>Financing Category</del>	<del>Points Awarded</del>
<del>Interest only payments after the period of construction</del>	<del>0</del>
<del>Payment of principal and interest after the period of construction, according to an amortization schedule</del>	<del>2</del>

~~(911) THE MINIMUM NUMBER OF No~~ points will be awarded to an applicant under ~~THE INDIVIDUAL SUBSECTIONS OF THIS specific subsections of~~ Section ~~10 if FOR CONFLICTING~~ information presented in ~~THIS~~ Section ~~AND 10 is inconsistent with~~ related information provided in other ~~portions~~ SECTIONS of the CON application.

~~(10) The standards set forth in this section are assigned the weights listed below, with a weight of "1" being important, a weight of "2" being more important, and a weight of "3" being very important. The points awarded to an applicant in each of the subsections shall be multiplied by the applicable weight set forth below to determine the total number of points awarded to each applicant for each subsection.~~

Subsection	Weight
<del>2(a)</del>	<del>3</del>
<del>2(b)</del>	<del>3</del>
<del>2(c)</del>	<del>3</del>
<del>3</del>	<del>4</del>
<del>4</del>	<del>2</del>
<del>5</del>	<del>4</del>
<del>6</del>	<del>2</del>
<del>7</del>	<del>2</del>
<del>8</del>	<del>4</del>

~~(4412)~~ The Department shall approve those qualifying projects which, taken together, do not exceed the need as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws, and which have the highest number of points when the results of subsections (2) through ~~(4010)~~ are totaled. If two or more qualifying projects are determined to have an identical number of points, then the Department shall approve those qualifying projects which, taken together, do not exceed the need, as defined in Section 22225(1), in the order in which the applications were received by the Department, based on the date and time stamp ~~placed on the application for CON form (form T-150-G-1.01 or any subsequent replacement form) by the Health Facilities Section, CON~~, when the application is filed.

## Section 11. Project delivery requirements -- terms of approval for all applicants

Sec. 11. (1) An applicant shall agree that, if approved, the project shall be delivered in compliance with the following terms of CON approval:

- (a) Compliance with these standards, including the requirements of Section 10.
- (b) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's actual Medicaid participation within the time periods specified in these standards. Compliance with Section ~~109~~(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's

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actual patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable schedule set forth in Section 10(2)(a) for which the applicant had been awarded points in the comparative review process. ~~Compliance with Section 10(2)(b) shall be determined by comparing the actual number of Medicaid recipients and Medicaid eligible recipients who were newly admitted, as a percentage of all patients newly admitted to the nursing home/HLTCU, with the applicable schedule set forth in Section 10(2)(b) for which the applicant had been awarded points in the comparative review process.~~ If any of the following occurs, an applicant shall be required to be in compliance with the range in the schedule immediately below the range for which points had been awarded in Section 10(2)(a) or (b), instead of the range of points for which points had been awarded in the comparative review in order to be found in compliance with Section 22230 of the Code: (i) the average percentage of Medicaid recipients in all nursing homes/HLTCUs in the planning area decreased by at least 10 percent between the second 12 months of operation after project completion and the most recent 12-month period for which data are available, (ii) the actual rate of increase in the Medicaid program per diem reimbursement to the applicant nursing home/HLTCU is less than the annual inflation index for nursing homes/HLTCUs as defined in any current approved Michigan State Plan submitted under Title XIX of the Social Security Act which contains an annual inflation index, or (iii) the actual percentage of the nursing home's/HLTCU's patient days reimbursed by Medicaid (calculated using total patient days for all existing and proposed nursing home beds at the facility) exceeds the statewide average plus 10 percent of the patient days reimbursed by Medicaid for the most recent year for which data are available from the Michigan Department of Community Health [subsection (iii) is applicable only to Section 10(2)(a)]. In evaluating subsection (ii), the Department shall rely on both the annual inflation index and the actual rate increases in per diem reimbursement to the applicant nursing home/HLTCU and/or all nursing homes/HLTCUs in the HSA provided to the Department by the Michigan Department of Community Health.

~~—(c) For projects involving the acquisition of a nursing home/HLTCU, the applicant shall agree to maintain the nursing home's/HLTCU's level of Medicaid participation (patient days and new admissions) for the time periods specified in these standards, within the ranges set forth in Section 10(2)(a) and (b) for which the seller or other previous owner/lessee had been awarded points in a comparative review.~~

(c) Compliance with applicable operating standards.

(d) Compliance with the following quality assurance standards:

(i) For projects involving replacement ~~beds OF AN EXISTING NURSING HOME/HLTCU~~, the current patients of the facility/beds being replaced shall be admitted to the replacement beds when the replacement beds are licensed, to the extent that those patients desire to transfer to the replacement facility/beds.

(ii) The applicant will assure compliance with Section 20201 of the Code, being Section 333.20201 of the Michigan Compiled Laws.

(iii) The applicant shall participate in a data collection network established and administered by the Department or its designee. The data may include, but is not limited to, annual budget and cost information; operating schedules; and demographic, diagnostic, morbidity, and mortality information, as well as the volume of care provided to patients from all payor sources. The applicant shall provide the required data on an individual basis for each licensed site, in a format established by the Department, and in a mutually agreed upon media. The Department may elect to verify the data through on-site review of appropriate records.

(iv) The applicant shall provide the Department with a notice stating the date the beds are placed in operation and such notice shall be submitted to the Department consistent with applicable statute and promulgated rules.

(2) AN APPLICANT SHALL AGREE THAT, IF APPROVED, AND MATERIAL DISCREPANCIES ARE LATER DETERMINED WITHIN THE REPORTING OF THE OWNERSHIP AND CITATION HISTORY OF THE APPLICANT FACILITY AND ALL NURSING HOMES UNDER COMMON OWNERSHIP AND CONTROL THAT WOULD HAVE RESULTED IN A DENIAL OF THE APPLICATION, SHALL SURRENDER THE CON. THIS DOES NOT PRECLUDE AN APPLICANT FROM REAPPLYING WITH CORRECTED INFORMATION AT A LATER DATE.

(23) The agreements and assurances required by this section shall be in the form of a certification

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~~AGREED TO BY THE~~ authorized by the governing body of the applicant or its authorized agent.

## Section 12. Department inventory of beds

Sec. 12. The Department shall maintain, ~~and provide on request,~~ a listing of the Department Inventory of Beds for each planning area.

## Section 13. Wayne County planning areas

Sec. 13. (1) For purposes of these standards the cities and/or townships in Wayne County are assigned to the planning areas as follows:

### Planning Area 84/Northwest Wayne

Canton Township, Dearborn, Dearborn Heights, Garden City, Inkster, Livonia, Northville (part), Northville Township, Plymouth, Plymouth Township, Redford Township, Wayne, Westland

### Planning area 85/Southwest Wayne

Allen Park, Belleville, Brownstown Township, Ecorse, Flat Rock, Gibraltar, Grosse Ile Township, Huron Township, Lincoln Park, Melvindale, River Rouge, Riverview, Rockwood, Romulus, Southgate, Sumpter Township, Taylor, Trenton, Van Buren Township, Woodhaven, Wyandotte

### Planning area 86/Detroit

Detroit, Grosse Pointe, Grosse Pointe Township, Grosse Pointe Farms, Grosse Pointe Park, Grosse Pointe Woods, Hamtramck, Harper Woods, Highland Park

~~— (2) A map showing the planning areas as listed in subsection (1) shall be available from the Department.~~

## Section 14. Health Service Areas

Sec. 14. Counties assigned to each of the HSAs are as follows:

HSA	COUNTIES		
1	Livingston Macomb Wayne	Monroe Oakland	St. Clair Washtenaw
2	Clinton Eaton	Hillsdale Ingham	Jackson Lenawee
3	Barry Berrien Branch	Calhoun Cass Kalamazoo	St. Joseph Van Buren
4	Allegan Ionia Kent Lake	Mason Mecosta Montcalm Muskegon	Newaygo Oceana Osceola Ottawa
5	Genesee	Lapeer	Shiawassee

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994				
995	6	Arenac	Huron	Roscommon
996		Bay	Iosco	Saginaw
997		Clare	Isabella	Sanilac
998		Gladwin	Midland	Tuscola
999		Gratiot	Ogemaw	
1000				
1001	7	Alcona	Crawford	Missaukee
1002		Alpena	Emmet	Montmorency
1003		Antrim	Gd Traverse	Oscoda
1004		Benzie	Kalkaska	Otsego
1005		Charlevoix	Leelanau	Presque Isle
1006		Cheboygan	Manistee	Wexford
1007				
1008	8	Alger	Gogebic	Mackinac
1009		Baraga	Houghton	Marquette
1010		Chippewa	Iron	Menominee
1011		Delta	Keweenaw	Ontonagon
1012		Dickinson	Luce	Schoolcraft
1013				

#### Section 15. Effect on prior CON review standards, comparative reviews

Sec. 15. (1) These CON review standards supersede and replace the CON Standards for Nursing Home and Hospital Long-Term-Care Unit Beds approved by the CON Commission on ~~March 9, 2004~~ SEPTEMBER 14, 2004 and effective on ~~June 4, 2004~~ DECEMBER 2, 2004.

(2) Projects reviewed under these standards, involving a change in bed capacity, shall be subject to comparative review except ~~for replacement beds being replaced within the replacement zone.~~ AS FOLLOWS:

(A) REPLACEMENT OF AN EXISTING NURSING HOME/HLTCU BEING REPLACED IN A RURAL COUNTY;

(B) REPLACEMENT OF AN EXISTING NURSING HOME/HLTCU IN A MICROPOLITAN OR METROPOLITAN STATISTICAL AREA COUNTY THAT IS WITHIN TWO MILES OF THE EXISTING NURSING HOME/HLTCU;

(C) RELOCATION OF EXISTING NURSING HOME/HLTCU BEDS; OR

(D) AN INCREASE IN BEDS PURSUANT TO SECTION 6 (1)(E) OR (F).

(3) Projects reviewed under these standards that relate solely to the acquisition of ~~a new~~ AN EXISTING nursing home ~~or~~ /HLTCU OR shall not be subject to comparative review.

**CON REVIEW STANDARDS**  
**FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS**

The use rate per 1000 population for each age cohort, for purposes of these standards, until otherwise changed by the Commission, is as follows.

- (i) age 0 - 64: 209 days of care
- (ii) age 65 - 74: 4,165 days of care
- (iii) age 75 - 84: 19,459 days of care
- (iv) age 85 +: 54,908 days of care

**CON REVIEW STANDARDS  
FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS**

The bed need numbers, for purposes of these standards, until otherwise changed by the Commission, are as follows:

Planning Area	Bed Need	<del>Department Inventory</del> *	ADC Adjustment Factor
ALCONA	102	406	0.90
ALGER	70	406	0.90
ALLEGAN	474	565	0.95
ALPENA	203	208	0.95
ANTRIM	134	413	0.95
ARENAC	106	448	0.90
BARAGA	72	87	0.90
BARRY	262	252	0.95
BAY	638	668	0.95
BENZIE	93	402	0.90
BERRIEN	965	899	0.95
BRANCH	241	283	0.95
CALHOUN	805	850	0.95
CASS	272	222	0.95
CHARLEVOIX	134	434	0.95
CHEBOYGAN	154	462	0.95
CHIPPEWA	193	473	0.95
CLARE	173	200	0.95
CLINTON	251	251	0.95
CRAWFORD	85	460	0.90
DELTA	260	292	0.95
DICKINSON	230	256	0.95
EATON	431	444	0.95
EMMET	167	230	0.95
GENESEE	1,951	4,951	0.95
GLADWIN	150	480	0.95
GOGEBIC	195	224	0.95
GD. TRAVERSE	368	552	0.95
GRATIOT	272	556	0.95

\*—Department Inventory shown is as of August 26, 2003. Applicants must contact the Department to obtain the current number of beds in the Department Inventory of Beds. Note the figures in the Bed Inventory Column do not reflect any data regarding applications for beds under appeal or pending a final Department decision.



**APPENDIX B - continued**

		Bed	Department	ADC
	Planning Area	Need	Inventory*	Adjustment
				Factor
1108	HILLSDALE	262	262	0.95
1109	HOUGHTON/KEWEENAW	314	335	0.95
1110	HURON	278	313	0.95
1112	INGHAM	1,180	1,028	0.95
1113	IONIA	275	248	0.95
1114	IOSCO	193	243	0.95
1115	IRON	150	149	0.95
1116	ISABELLA	214	309	0.95
1118	JACKSON	828	847	0.95
1120	KALAMAZOO	1,120	1,154	0.95
1121	KALKASKA	76	88	0.90
1122	KENT	2,566	2,495	0.95
1124	LAKE	78	89	0.90
1125	LAPEER	291	292	0.95
1126	LEELANAU	111	110	0.90
1127	LENAWEE	497	497	0.95
1128	LIVINGSTON	421	475	0.95
1129	LUCE	46	61	0.90
1131	MACKINAC	81	79	0.90
1132	MACOMB	3,636	3,933	0.95
1133	MANISTEE	170	221	0.95
1134	MARQUETTE	361	441	0.95
1135	MASON	197	202	0.95
1136	MECOSTA	184	232	0.95
1137	MENOMINEE	197	179	0.95
1138	MIDLAND	338	414	0.95
1139	MISSAUKEE	81	95	0.90
1140	MONROE	619	595	0.95
1141	MONTCALM	285	202	0.95
1142	MONTMORENCY	89	104	0.90
1143	MUSKEGON	904	917	0.95
1145	NEWAYGO	222	245	0.95

\* Department Inventory shown is as of August 26, 2003. Applicants must contact the Department to obtain the current number of beds in the Department Inventory of Beds. Note the figures in the Bed Inventory Column do not reflect any data regarding applications for beds under appeal or pending a final Department decision.

**APPENDIX B - continued**

Planning Area	Bed Need	Department Inventory*	ADC Adjustment Factor
OAKLAND	5,241	5,189	0.95
OCEANA	130	113	0.95
OGEMAW	131	233	0.95
ONTONAGON	76	110	0.90
OSCEOLA	118	54	0.95
OSCODA	69	90	0.90
OTSEGO	111	154	0.90
OTTAWA	874	796	0.95
PRESQUE ISLE	111	126	0.95
ROSCOMMON	171	179	0.95
SAGINAW	1,156	1,175	0.95
ST. CLAIR	789	722	0.95
ST. JOSEPH	355	369	0.95
SANILAC	269	287	0.95
SCHOOLCRAFT	72	75	0.90
SHIAWASSEE	350	327	0.95
TUSCOLA	292	293	0.95
VAN BUREN	411	424	0.95
WASHTENAW	1,032	1,285	0.95
WEXFORD	161	209	0.95
NW WAYNE	3,166	3,153	0.95
SW WAYNE	1,818	2,028	0.95
DETROIT	6,297	5,983	0.95

\*—Department Inventory shown is as of August 26, 2003. Applicants must contact the Department to obtain the current number of beds in the Department Inventory of Beds. Note the figures in the Bed Inventory Column do not reflect any data regarding applications for beds under appeal or pending a final Department decision.

**CON REVIEW STANDARDS**  
**FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS**

Rural Michigan counties are as follows:

Alcona	Hillsdale	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Mason	Schoolcraft
Emmet	Montcalm	Tuscola
Gladwin	Montmorency	
Gogebic	Oceana	

Micropolitan statistical area Michigan counties are as follows:

Allegan	Gratiot	Mecosta
Alpena	Houghton	Menominee
Benzie	Isabella	Midland
Branch	Kalkaska	Missaukee
Chippewa	Keweenaw	St. Joseph
Delta	Leelanau	Shiawassee
Dickinson	Lenawee	Wexford
Grand Traverse	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Ionia	Newaygo
Bay	Jackson	Oakland
Berrien	Kalamazoo	Ottawa
Calhoun	Kent	Saginaw
Cass	Lapeer	St. Clair
Clinton	Livingston	Van Buren
Eaton	Macomb	Washtenaw
Genesee	Monroe	Wayne
Ingham	Muskegon	

Source:

65 F.R., p. 82238 (December 27, 2000)  
Statistical Policy Office  
Office of Information and Regulatory Affairs  
United States Office of Management and Budget

**CON REVIEW STANDARDS****FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS**

MICHIGAN NURSING HOME PLANNING AREAS WITH A POPULATION DENSITY OF LESS THAN 28 INDIVIDUALS PER SQUARE MILE BASED ON 2000 U.S. CENSUS FIGURES.

PLANNING AREA	POPULATION DENSITY PER SQUARE MILE
ONTONAGON	6.0
SCHOOLCRAFT	7.6
LUCE	7.8
BARAGA	9.7
ALGER	10.7
IRON	11.3
MACKINAC	11.7
OSCODA	16.7
ALCONA	17.4
GOGEBIC	15.8
MONTMORENCY	18.8
LAKE	20.0
PRESQUE ISLE	21.8
MENOMINEE	24.3
CHIPPEWA	24.7
HOUGHTON/KEWEENAW	24.7
MISSAUKEE	25.5
CRAWFORD	25.6

**SOURCE:** MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET AND  
THE U.S. BUREAU OF THE CENSUS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

CON REVIEW STANDARDS  
FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS  
--ADDENDUM FOR SPECIAL POPULATION GROUPS

(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)

**Section 1. Applicability; definitions**

Sec. 1. (1) This addendum supplements the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds and shall be used for determining the need for projects established to better meet the needs of special population groups within the long-term care and nursing home populations.

(2) Except as provided in sections 2, 3, 4, 5, 6, 7, and ~~6-8~~ of this addendum, these standards supplement, and do not supersede, the requirements and terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds.

(3) The definitions which apply to the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds shall apply to these standards.

(4) For purposes of this addendum, the following terms are defined:

(A) "BEHAVIORAL PATIENT" MEANS AN INDIVIDUAL THAT EXHIBITS A HISTORY OF CHRONIC BEHAVIOR MANAGEMENT PROBLEMS SUCH AS AGGRESSIVE BEHAVIOR THAT PUTS SELF OR OTHERS AT RISK FOR HARM, OR AN ALTERED STATE OF CONSCIOUSNESS, INCLUDING PARANOIA, DELUSIONS, AND ACUTE CONFUSION.

~~\_\_\_(aB)~~ "Hospice" means a health care program licensed under Part 214 of the Code, being Section 333.21401 et seq.

~~(bC)~~ "Infection control program," ~~for purposes of Section 4(7),~~ means a program that will reduce the risk of the introduction of communicable diseases into a ventilator-dependent unit, provide an active and ongoing surveillance program to detect the presence of communicable diseases in a ventilator-dependent unit, and respond to the presence of communicable diseases within a ventilator-dependent unit so as to minimize the spread of a communicable disease.

~~(eD)~~ "Licensed hospital" ~~for purposes of Section 3(6) of this addendum,~~ means either:

~~—(i)—~~ a hospital licensed under Part 215 of the Code; or

~~—(ii)—~~ a psychiatric hospital or unit licensed pursuant to Act 258 of the Public Acts of 1974, as amended, being sections 330.1001 to 330.2106 of the Michigan Compiled Laws.

~~—(d)—~~ "Organized program," ~~for purposes of sections 3(8) and 4(7), means a program operated by an applicant at the location at which the proposed nursing home beds will be operated that is consistent with the requirements of Section 4(7)(a) through (e), except Section 4(7)(c)(iv).~~

~~(e)~~ "Private residence" ~~for purposes of Section 3(6) of this addendum,~~ means a setting other than:

~~—(i)—~~ a licensed hospital; or

~~—(ii)—~~ a nursing home including a nursing home or part of a nursing home approved pursuant to Section ~~3(6)6~~.

(F) "TRAUMATIC BRAIN INJURY (TBI)/SPINAL CORD INJURY (SCI) PATIENT" MEANS AN INDIVIDUAL WITH TBI OR SCI THAT IS ACQUIRED OR DUE TO A TRAUMATIC INSULT TO THE BRAIN AND ITS RELATED PARTS THAT IS NOT OF A DEGENERATIVE OR CONGENITAL NATURE. THESE IMPAIRMENTS MAY BE EITHER TEMPORARY OR PERMANENT AND CAUSE PARTIAL OR TOTAL FUNCTIONAL DISABILITY OR PSYCHOSOCIAL ADJUSTMENT.

~~(fG)~~ "Ventilator-dependent patient," ~~for purposes of sections 3(8) and 4(7), means a patient who does not require acute inpatient hospital services and either:~~ AN INDIVIDUAL WHO REQUIRES MECHANICAL VENTILATORY ASSISTANCE.

~~—(i)—~~ requires mechanical ventilatory assistance for a minimum of 6 hours each day; or

~~—(ii)—~~ is being weaned from ventilatory dependency.

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**Section 2. Requirements for approval -- applicants proposing to increase nursing home beds -- special use exceptions**

Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would otherwise cause the total number of nursing home beds in that planning area to exceed the needed nursing home bed supply or cause an increase in an existing excess as determined under the applicable CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, may nevertheless be approved pursuant to ~~Section 3 of~~ this addendum.

**Section 3. Statewide pool for the needs of special population groups within the long-term care and nursing home populations**

Sec. 3. (1) A statewide pool of additional nursing home beds of ~~2.0% of the 1,958~~ beds needed in the state ~~through application of the bed need methodology in the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds~~ is established to better meet the needs of special population groups within the long-term care and nursing home populations. Beds in the pool shall be allocated ~~in accordance with subsections 3(a), 4(a), 5(a), and 6(a). AS FOLLOWS:~~

(A) THESE CATEGORIES SHALL BE ALLOCATED 1,109 BEDS AND DISTRIBUTED AS FOLLOWS AND SHALL BE REDUCED/REDISTRIBUTED IN ACCORDANCE WITH SUBSECTION (C):

(I) TBI/SCI BEDS WILL BE ALLOCATED 400 BEDS.

(II) BEHAVIORAL BEDS WILL BE ALLOCATED 400 BEDS.

(III) HOSPICE BEDS WILL BE ALLOCATED 130 BEDS.

(IV) VENTILATOR DEPENDENT BEDS WILL BE ALLOCATED 179 BEDS.

(B) THE FOLLOWING HISTORICAL CATEGORIES HAVE BEEN ALLOCATED 849 BEDS.

ADDITIONAL BEDS SHALL NOT BE ALLOCATED TO THESE CATEGORIES. IF THE BEDS WITHIN ANY OF THESE CATEGORIES ARE DELICENSED, THE BEDS SHALL BE ELIMINATED AND NOT BE RETURNED TO THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS.

(I) ALZHEIMER'S DISEASE HAS 384 BEDS.

(II) HEALTHCARE NEEDS FOR SKILLED NURSING CARE HAS 173 BEDS.

(III) RELIGIOUS HAS 292 BEDS.

(C) THE NUMBER OF BEDS SET ASIDE FROM THE TOTAL STATEWIDE POOL ESTABLISHED FOR CATEGORIES IN SUBSECTION (1)(A) FOR A SPECIAL POPULATION GROUP SHALL BE REDUCED IF THERE HAS BEEN NO CON ACTIVITY FOR THAT SPECIAL POPULATION GROUP DURING AT LEAST 6 CONSECUTIVE APPLICATION PERIODS.

(I) THE NUMBER OF BEDS IN A SPECIAL POPULATION GROUP SHALL BE REDUCED TO THE TOTAL NUMBER OF BEDS FOR WHICH A VALID CON HAS BEEN ISSUED FOR THAT SPECIAL POPULATION GROUP.

(II) THE NUMBER OF BEDS REDUCED FROM A SPECIAL POPULATION GROUP PURSUANT TO THIS SUBSECTION SHALL REVERT TO THE TOTAL STATEWIDE POOL ESTABLISHED FOR CATEGORIES IN SUBSECTION (1)(A).

(III) THE DEPARTMENT SHALL NOTIFY THE COMMISSION OF THE DATE WHEN ACTION TO REDUCE THE NUMBER OF BEDS SET ASIDE FOR A SPECIAL POPULATION GROUP HAS BECOME EFFECTIVE AND SHALL IDENTIFY THE NUMBER OF BEDS THAT REVERTED TO THE TOTAL STATEWIDE POOL ESTABLISHED FOR CATEGORIES IN SUBSECTION (1)(A).

(IV) FOR PURPOSES OF THIS SUBSECTION, "APPLICATION PERIOD" MEANS THE PERIOD OF TIME FROM ONE DESIGNATED APPLICATION DATE TO THE NEXT SUBSEQUENT DESIGNATED APPLICATION DATE.

(V) FOR PURPOSES OF THIS SUBSECTION, "CON ACTIVITY" MEANS ONE OR MORE OF THE FOLLOWING:

(A) CON APPLICATIONS FOR BEDS FOR A SPECIAL POPULATION GROUP HAVE BEEN SUBMITTED TO THE DEPARTMENT FOR WHICH EITHER A PROPOSED OR FINAL DECISION HAS NOT YET BEEN ISSUED BY THE DEPARTMENT.

(B) ADMINISTRATIVE HEARINGS OR APPEALS TO COURT OF DECISIONS ISSUED ON CON APPLICATIONS FOR BEDS FOR A SPECIAL POPULATION GROUP ARE PENDING RESOLUTION.

(C) AN APPROVED CON FOR BEDS FOR EACH SPECIAL POPULATION GROUP HAS

EXPIRED FOR LACK OF APPROPRIATE ACTION BY AN APPLICANT TO IMPLEMENT AN APPROVED CON.

(D) BY SETTING ASIDE THESE BEDS FROM THE TOTAL STATEWIDE POOL, THE COMMISSION'S ACTION APPLIES ONLY TO APPLICANTS SEEKING APPROVAL OF NURSING HOME BEDS PURSUANT TO SECTIONS 4, 5, 6, AND 7. IT DOES NOT PRECLUDE THE CARE OF THESE PATIENTS IN UNITS OF HOSPITALS, HOSPITAL LONG-TERM CARE UNITS, NURSING HOMES, OR OTHER HEALTH CARE SETTINGS IN COMPLIANCE WITH APPLICABLE STATUTORY OR CERTIFICATION REQUIREMENTS.

(2) Increases in nursing home beds approved under this addendum for special population groups shall not cause planning areas currently showing an unmet bed need to have that need reduced or planning areas showing a current surplus of beds to have that surplus increased.

~~—(3)(a) The CON Commission determines there is a need for beds for religious needs for specialized services within the long-term care and nursing home populations and sets aside 302 beds from the total statewide pool established in subsection (1) to address this need. Those needs are defined as being met by those applications meeting the requirements of subsection (3)(b) or (c):~~

~~—(b) An applicant proposing nursing home beds allocated under this subsection due to migration of the patient population shall demonstrate with credible documentation to the satisfaction of the Department each of the following:~~

~~—(i) The applicant is currently licensed to operate a nursing home in Michigan and the application is for replacement and/or relocation of an existing licensed facility.~~

~~—(ii) The number of beds proposed for replacement must be equal to or less than the licensed capacity of the applicant's existing nursing home on the date on which the CON application is filed.~~

~~—(iii) The facility to be replaced does not meet licensing or certification standards for health facilities as determined by the Department.~~

~~—(iv) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a recognized religious organization, denomination or federation as evidenced by documentation of its federal tax exempt status as a religious corporation, fund, or foundation under Section 501(c)(3) of the United States Internal Revenue Code.~~

~~—(v) The applicant's patient population includes a majority of members of the religious organization or denomination represented by the sponsoring organization.~~

~~—(vi) The applicant's existing services and/or operations are tailored to meet certain special needs of a specific religion, denomination or order, including unique dietary requirements, or other unique religious needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.~~

~~—(vii) The replacement project responds to demographic changes, verifiable by the Department, which have decreased the representation of members of the religious organization or denomination in the planning area of the facility to be replaced and which have increased the representation of the members of the religious organization or denomination in the planning area of the replacement facility.~~

~~—(viii) An applicant proposing replacement beds shall not be required to be in compliance with Section 8 (b) of the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, or any subsequent standard approved which requires the proposed new licensed site to be in the replacement zone.~~

~~—(c) An applicant proposing to add nursing home beds allocated under this subsection for a project other than described in subsection (b) shall demonstrate, with credible documentation to the satisfaction of the Department, each of the following:~~

~~—(i) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a recognized religious organization, denomination or federation as evidenced by documentation of its federal tax exempt status as a religious corporation, fund, or foundation under Section 501(c)(3) of the United States Internal Revenue Code.~~

~~—(ii) The applicant's proposed patient population includes a majority of members of the religious organization or denomination represented by the sponsoring organization.~~

~~—(iii) The applicant's proposed services and/or operations are tailored to meet certain special needs of a specific religion, denomination, or order, including unique dietary requirements, or other unique religious needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.~~

SECTION 4. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO TBI/SCI PATIENTS

SEC. 4 THE CON COMMISSION DETERMINES THERE IS A NEED FOR BEDS FOR APPLICATIONS DESIGNED TO DETERMINE THE EFFICIENCY AND EFFECTIVENESS OF SPECIALIZED PROGRAMS FOR THE CARE AND TREATMENT OF TBI/SCI PATIENTS AS COMPARED TO SERVING THESE NEEDS IN GENERAL NURSING HOME UNIT(S).

(1) AN APPLICANT PROPOSING TO BEGIN OPERATION OF A NEW NURSING HOME/HLTCU OR ADD BEDS TO AN EXISTING NURSING HOME/HLTCU UNDER THIS SECTION SHALL DEMONSTRATE WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE FOLLOWING:

(A) THE BEDS WILL BE OPERATED AS PART OF A SPECIALIZED PROGRAM EXCLUSIVELY FOR TBI/SCI PATIENTS. AT THE TIME AN APPLICATION IS SUBMITTED, THE APPLICANT SHALL DEMONSTRATE THAT IT OPERATES:

(I) A CONTINUUM OF OUTPATIENT TREATMENT, REHABILITATIVE CARE, AND SUPPORT SERVICES FOR TBI/SCI PATIENTS; AND

(II) A TRANSITIONAL LIVING PROGRAM OR CONTRACTS WITH AN ORGANIZATION THAT OPERATES A TRANSITIONAL LIVING PROGRAM AND REHABILITATIVE CARE FOR TBI/SCI PATIENTS.

(B) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION OF ITS EXISTING OUTPATIENT AND/OR RESIDENTIAL PROGRAMS BY THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR REHABILITATIVE CARE AND SERVICES.

(C) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN CARF OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE NURSING HOME BEDS PROPOSED UNDER THIS SUBSECTION.

(D) A FLOOR PLAN FOR THE PROPOSED PHYSICAL PLANT SPACE TO HOUSE THE NURSING HOME BEDS ALLOCATED UNDER THIS SUBSECTION THAT PROVIDES FOR:

(I) INDIVIDUAL UNITS CONSISTING OF 20 BEDS OR LESS PER UNIT, NOT TO BE MORE THAN 40 BEDS PER FACILITY;

(II) DAY/DINING AREA WITHIN, OR IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF TBI/SCI PATIENTS.

(III) DIRECT ACCESS TO A SECURE OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

(E) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE FACILITY THAT IS APPROPRIATE FOR TBI/SCI PATIENTS OF VARIOUS AGES.

(2) BEDS APPROVED UNDER THIS SUBSECTION SHALL NOT BE CONVERTED TO GENERAL NURSING HOME USE WITHOUT A CON FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS UNDER THE CON REVIEW STANDARDS FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS AND SHALL NOT BE OFFERED TO INDIVIDUALS OTHER THAN TBI/SCI PATIENTS.

SECTION 5. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO BEHAVIORAL PATIENTS

SEC. 5. The CON Commission determines there is a need for beds for applications designed to determine the efficiency and effectiveness of specialized programs for the care and treatment of ~~persons with BEHAVIORAL PATIENTS Alzheimer's disease~~ as compared to serving these needs in general nursing home unit(s). ~~and designed to study the relationship between the needs of Alzheimer's disease patients and those of other non-specialized nursing home patients. The CON Commission sets aside 300 beds from the total statewide pool established in subsection (1) to address this need. Those needs are defined as being met by those applications meeting the requirements of subsection (4).~~

(b1) An applicant proposing TO BEGIN OPERATION OF A NEW NURSING HOME/HLTCU OR ADD BEDS TO AN EXISTING NURSING HOME/HLTCU to add nursing home beds allocated under this subsection shall demonstrate with credible documentation to the satisfaction of the Department each of

the following:

~~(i) The beds are part of a specialized program for Alzheimer's disease which will admit and treat only patients which require long-term nursing care and have been appropriately classified as a patient on the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a level 4 (when accompanied by continuous nursing needs), 5, or 6.~~

~~(ii) The specialized program will participate in the state registry for Alzheimer's disease.~~

~~(iii) The specialized program shall be attached or geographically adjacent to a licensed nursing home and be no larger than 20 beds in size.~~

~~(A) INDIVIDUAL UNITS SHALL CONSIST OF 20 BEDS OR LESS PER UNIT.~~

~~(B) THE FACILITY SHALL NOT BE AWARDED MORE THAN 40 BEDS;~~

~~(ivC) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area FOR SUPERVISED ACTIVITY at the health facility, appropriate for unsupervised activity.~~

~~(vD) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area which is solely for the use of the Alzheimer's unit BEHAVIORAL patients.~~

~~(viE) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light reflections to promote visual and spatial orientation.~~

~~(viiF) Staff will be specially trained in Alzheimer's disease TREATMENT OF BEHAVIORAL PATIENTS. treatment.~~

~~(viii) If the applicant has operated a specialized program and has demonstrated an occupancy rate of at least 97 percent in the Alzheimer's specialized unit(s) for the most recent, continuous 24-month period prior to submitting its application to the department, it may request up to an additional 20 beds but cannot exceed a total of 40 beds awarded from the statewide pool established in subsection (1).~~

~~(A) The specialized unit(s) shall be no larger than 20 beds.~~

~~(B) An applicant shall not be awarded more than a total of 40 beds.~~

~~(e2) Beds approved under this subsection shall not be converted to non-specialized non-Alzheimer's GENERAL NURSING HOME USE long-term care services without a CON for nursing home and hospital long-term care unit beds under the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds.~~

~~(5)(a) The CON Commission determines there is a need for beds for the health needs for skilled nursing care services within the long-term care and nursing home populations and sets aside 257 beds from the total statewide pool established in subsection (1) to address this need. Those needs are defined as being met by those applications meeting the requirements of subsection (5).~~

~~(b) An applicant proposing to add nursing home beds allocated under this subsection shall demonstrate with credible documentation to the satisfaction of the Department each of the following:~~

~~(i) The planning area in which the beds will be located shall have a population density of less than 28 individuals per square mile based on the 1990 U.S. Census figures as set forth in Appendix A.~~

~~(ii) An application for beds from the special statewide pool of beds shall not be approved if any application for beds in that planning area has been approved from the special statewide pool of beds under Section 3(5).~~

~~(iii) The average occupancy rate for the planning area in which the beds will be located shall have been at least 95% for each of the three most recent years for which the Department has either: annual survey data; or data reported to the Department for purposes of compiling the "Staffing/Bed Utilization Ratios Report," whichever is the most recent data available. In determining the average occupancy rate for the planning area, the first six months of occupancy for any newly opened facility or newly opened part of a facility in that period shall be excluded.~~

~~(iv) An application shall not be approved if it proposes more than 40 beds.~~

~~(v) All beds approved pursuant to this subsection shall be dually certified for Medicare and Medicaid.~~

## SECTION 6. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO HOSPICE PATIENTS

SEC. 6. The CON Commission determines there is a need for beds for patients requiring both hospice and long-term nursing care services within the long-term care and nursing home populations. ~~and sets aside 100 beds from the total statewide pool established in subsection (1) to address this need. Those~~

~~needs are defined as being met by those applications meeting the requirements of subsection (6).~~

~~(b1) An applicant proposing TO BEGIN OPERATION OF A NEW NURSING HOME/HLTCU OR ADD BEDS TO AN EXISTING NURSING HOME/HLTCU to add nursing home beds allocated~~ under this subsection shall demonstrate, with credible documentation to the satisfaction of the department, each of the following:

~~(iA) An applicant shall be a hospice certified by Medicare pursuant to the Code of Federal Regulations, Title 42, Chapter IV, Subpart B (Medicare programs), Part 418 and shall have been a Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted to the Department.~~

~~(iiB) An applicant shall demonstrate that, during the most recent 12 month period prior to the date an application is submitted to the Department for which verifiable data are available to the Department, at least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice were provided in a private residence.~~

~~(iiiC) An application shall propose 30 beds or less.~~

~~(ivD) An applicant for beds from the special statewide pool of beds shall not be approved if any application for beds in that same planning area has been approved from the special statewide pool of beds under Section 3(6).~~

~~(v) An applicant shall submit, at the time an application is submitted to the Department, a study which documents, to the satisfaction of the Department, that both (A) and (B) have been contacted regarding the availability of either beds or space for acquisition (whether through purchase, lease or other comparable arrangement) for use by the proposed project, and that either: (1) beds or space are not available for acquisition; or (2) if beds or space are available for acquisition, the capital costs of developing the beds or space in the acquired space for use by the proposed project are higher than the applicant's proposed project costs.~~

~~(A) Each licensed hospital in the planning area.~~

~~(B) Each licensed nursing home or hospital long term care unit in the planning area.~~

~~If an applicant does not receive a response from (A) or (B) within 30 days of the date of contact, an applicant shall demonstrate that contact was made by 1 certified mail return receipt for each organization contacted. The requirements of this subdivision shall not apply to nursing homes or hospital long term care units that either:~~

~~(1) Have not been cited by the Department's Division of Licensing and Certification for 1 or more level a deficiencies during the 12 months prior to the date an application is submitted to the Department.~~

~~(2) Have been granted, by the Department, a waiver of 1 or more physical plant licensure requirements.~~

~~(7)(a) The number of beds set aside from the total statewide pool established in subsection (1) for a special population group shall be reduced if there has been no CON activity for that special population group during at least 6 consecutive application periods.~~

~~(b) The number of beds in a special population group shall be reduced to the total number of beds for which a valid CON has been issued for that special population group.~~

~~(c) The number of beds reduced from a special population group pursuant to this subsection shall revert to the total statewide pool established in subsection (1).~~

~~(d) The Department shall notify the Commission of the date when action to reduce the number of beds set aside for a special population group has become effective and shall identify the number of beds that reverted to the total statewide pool established in subsection (1).~~

~~(e) For purposes of this subsection, "application period" means the period of time from one designated application date to the next subsequent designated application date.~~

~~(f) For purposes of this subsection, "CON activity" means one or more of the following:~~

~~(i) CON applications for beds for a special population group have been submitted to the Department for which either a proposed or final decision has not yet been issued by the Department.~~

~~(ii) Administrative hearings or appeals to court of decisions issued on CON applications for beds for a special population group are pending resolution.~~

~~(iii) An approved CON for beds for each special population group has expired for lack of appropriate action by an applicant to implement an approved CON.~~

## SECTION 7. REQUIREMENTS FOR APPROVAL FOR BEDS FROM THE STATEWIDE POOL FOR

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SPECIAL POPULATION GROUPS ALLOCATED TO VENTILATOR DEPENDENT PATIENTS

SEC. 7. The CON Commission determines there is a need for beds for ventilator-dependent patients within the long-term care and nursing home populations ~~and sets aside 0 beds from the total statewide pool established in subsection (1) to address this need. Those needs are defined as being met by those applications meeting the requirements of subsection (8). By setting aside these beds from the total statewide pool, the Commission's action applies only to applicants seeking approval of nursing home beds pursuant to this subsection and does not preclude the care of ventilator-dependent patients in units of hospitals, hospital long-term care units, nursing homes, or other health care settings in compliance with applicable statutory or certification requirements.~~

(b1) An applicant proposing to BEGIN OPERATION OF A NEW NURSING HOME/HLTCU OR ADD BEDS TO AN EXISTING NURSING HOME/HLTCU ~~add nursing home beds allocated~~ under this subsection shall demonstrate, with credible documentation to the satisfaction of the Department, each of the following:

(iA) An applicant PROPOSES has an organized A program for caring for ventilator-dependent patients in licensed hospital NURSING HOME beds, ~~and has been recognized by the Department or the Michigan Department of Social Services as having provided an organized program for caring for ventilator-dependent patients for at least 30 continuous months prior to the date on which an application under this subsection is submitted to the Department.~~

(iiB) An application proposes no more than 45 40 beds that will be licensed as nursing home beds, ~~under Part 217 of the Code.~~

~~— (iii) The proposed unit will be located in a hospital licensed under Part 215 of the Code.~~

~~— (iv) An applicant for beds from this special statewide pool of beds shall not be approved if any application for beds in the same county has been approved from the special statewide pool of beds under Section 3(8).~~

(vC) The proposed unit will serve only ventilator-dependent patients.

~~— (vi) An applicant shall delicense a number of licensed hospital beds equal to or than greater than the number of beds proposed pursuant to this subsection.~~

~~— (vii) All beds approved pursuant to this subsection shall be dually certified for Medicare and Medicaid.~~

SECTION 8. ACQUISITION OF NURSING HOME/HLTCU BEDS APPROVED PURSUANT TO THIS ADDENDUM

Sec. 8. (1) AN APPLICANT PROPOSING TO ACQUIRE NURSING HOME/HLTCU BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO RELIGIOUS SHALL MEET THE FOLLOWING:

(A) THE APPLICANT IS A PART OF, CLOSELY AFFILIATED WITH, CONTROLLED, SANCTIONED OR SUPPORTED BY A RECOGNIZED RELIGIOUS ORGANIZATION, DENOMINATION OR FEDERATION AS EVIDENCED BY DOCUMENTATION OF ITS FEDERAL TAX EXEMPT STATUS AS A RELIGIOUS CORPORATION, FUND, OR FOUNDATION UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE.

(B) THE APPLICANT'S PATIENT POPULATION INCLUDES A MAJORITY OF MEMBERS OF THE RELIGIOUS ORGANIZATION OR DENOMINATION REPRESENTED BY THE SPONSORING ORGANIZATION.

(C) THE APPLICANT'S EXISTING SERVICES AND/OR OPERATIONS ARE TAILORED TO MEET CERTAIN SPECIAL NEEDS OF A SPECIFIC RELIGION, DENOMINATION OR ORDER, INCLUDING UNIQUE DIETARY REQUIREMENTS, OR OTHER UNIQUE RELIGIOUS NEEDS REGARDING CEREMONY, RITUAL, AND ORGANIZATION WHICH CANNOT BE SATISFACTORILY MET IN A SECULAR SETTING.

(2) AN APPLICANT PROPOSING TO ACQUIRE NURSING HOME/HLTCU BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO TBI/SCI SHALL MEET THE FOLLOWING:

(A) THE BEDS WILL BE OPERATED AS PART OF A SPECIALIZED PROGRAM



EXCLUSIVELY FOR TBI/SCI PATIENTS. AT THE TIME AN APPLICATION IS SUBMITTED, THE APPLICANT SHALL DEMONSTRATE THAT IT OPERATES:

(I) A CONTINUUM OF OUTPATIENT TREATMENT, REHABILITATIVE CARE, AND SUPPORT SERVICES FOR TBI/SCI PATIENTS; AND

(II) A TRANSITIONAL LIVING PROGRAM OR CONTRACTS WITH AN ORGANIZATION THAT OPERATES A TRANSITIONAL LIVING PROGRAM AND REHABILITATIVE CARE FOR TBI/SCI PATIENTS.

(B) THE APPLICANT SHALL SUBMIT EVIDENCE OF ACCREDITATION OF ITS EXISTING OUTPATIENT AND/OR RESIDENTIAL PROGRAMS BY THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR REHABILITATIVE CARE AND SERVICES.

(C) WITHIN 24-MONTHS OF ACCEPTING ITS FIRST PATIENT, THE APPLICANT SHALL OBTAIN CARF OR ANOTHER NATIONALLY-RECOGNIZED ACCREDITATION ORGANIZATION FOR THE NURSING HOME BEDS PROPOSED UNDER THIS SUBSECTION.

(D) A FLOOR PLAN FOR THE PROPOSED PHYSICAL PLANT SPACE TO HOUSE THE NURSING HOME BEDS ALLOCATED UNDER THIS SUBSECTION THAT PROVIDES FOR:

(I) INDIVIDUAL UNITS CONSISTING OF 20 BEDS OR LESS PER UNIT, NOT TO BE MORE THAN 40 BEDS PER FACILITY;

(II) DAY/DINING AREA WITHIN, OR IMMEDIATELY ADJACENT TO, THE UNIT(S), WHICH IS SOLELY FOR THE USE OF TBI/SCI PATIENTS.

(III) DIRECT ACCESS TO A SECURE OUTDOOR OR INDOOR AREA AT THE FACILITY APPROPRIATE FOR SUPERVISED ACTIVITY.

(E) THE APPLICANT PROPOSES PROGRAMS TO PROMOTE A CULTURE WITHIN THE FACILITY THAT IS APPROPRIATE FOR TBI/SCI PATIENTS OF VARIOUS AGES.

(3) AN APPLICANT PROPOSING TO ACQUIRE NURSING HOME/HLTCU BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO ALZHEIMER'S DISEASE SHALL MEET THE FOLLOWING:

(A) THE BEDS ARE PART OF A SPECIALIZED PROGRAM FOR ALZHEIMER'S DISEASE WHICH WILL ADMIT AND TREAT ONLY PATIENTS WHICH REQUIRE LONG-TERM NURSING CARE AND HAVE BEEN APPROPRIATELY CLASSIFIED AS A PATIENT ON THE GLOBAL DETERIORATION SCALE (GDS) FOR AGE-ASSOCIATED COGNITIVE DECLINE AND ALZHEIMER'S DISEASE AS A LEVEL 4 (WHEN ACCOMPANIED BY CONTINUOUS NURSING NEEDS), 5, OR 6.

(B) THE SPECIALIZED PROGRAM WILL PARTICIPATE IN THE STATE REGISTRY FOR ALZHEIMER'S DISEASE.

(C) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT TO A LICENSED NURSING HOME AND BE NO LARGER THAN 20 BEDS IN SIZE.

(D) THE PROPOSED ALZHEIMER'S UNIT SHALL HAVE DIRECT ACCESS TO A SECURE OUTDOOR OR INDOOR AREA AT THE HEALTH FACILITY, APPROPRIATE FOR UNSUPERVISED ACTIVITY.

(E) THE ALZHEIMER'S UNIT SHALL HAVE WITHIN THE UNIT OR IMMEDIATELY ADJACENT TO IT A DAY/DINING AREA WHICH IS SOLELY FOR THE USE OF THE ALZHEIMER'S UNIT PATIENTS.

(F) THE PHYSICAL ENVIRONMENT OF THE ALZHEIMER'S UNIT SHALL BE DESIGNED TO MINIMIZE NOISE AND LIGHT REFLECTIONS TO PROMOTE VISUAL AND SPATIAL ORIENTATION.

(G) STAFF WILL BE SPECIALLY TRAINED IN ALZHEIMER'S DISEASE TREATMENT.

(4) AN APPLICANT PROPOSING TO ACQUIRE NURSING HOME/HLTCU BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO BEHAVIORAL PATIENTS SHALL MEET THE FOLLOWING:

(A) INDIVIDUAL UNITS SHALL CONSIST OF 20 BEDS OR LESS PER UNIT.

(B) THE FACILITY SHALL NOT BE AWARDED MORE THAN 40 BEDS;

(C) THE PROPOSED UNIT SHALL HAVE DIRECT ACCESS TO A SECURE OUTDOOR OR INDOOR AREA FOR SUPERVISED ACTIVITY.

(D) THE UNIT SHALL HAVE WITHIN THE UNIT OR IMMEDIATELY ADJACENT TO IT A DAY/DINING AREA WHICH IS SOLELY FOR THE USE OF THE BEHAVIORAL PATIENTS.

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(E) THE PHYSICAL ENVIRONMENT OF THE UNIT SHALL BE DESIGNED TO MINIMIZE NOISE AND LIGHT REFLECTIONS TO PROMOTE VISUAL AND SPATIAL ORIENTATION.

(F) STAFF WILL BE SPECIALLY TRAINED IN TREATMENT OF BEHAVIORAL PATIENTS.

(5) AN APPLICANT PROPOSING TO ACQUIRE NURSING HOME/HLTCU BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO HOSPICE SHALL MEET THE FOLLOWING:

(A) AN APPLICANT SHALL BE A HOSPICE CERTIFIED BY MEDICARE PURSUANT TO THE CODE OF FEDERAL REGULATIONS, TITLE 42, CHAPTER IV, SUBPART B (MEDICARE PROGRAMS), PART 418 AND SHALL HAVE BEEN A MEDICARE CERTIFIED HOSPICE FOR AT LEAST 24 CONTINUOUS MONTHS PRIOR TO THE DATE AN APPLICATION IS SUBMITTED TO THE DEPARTMENT.

(B) AN APPLICANT SHALL DEMONSTRATE THAT, DURING THE MOST RECENT 12 MONTH PERIOD PRIOR TO THE DATE AN APPLICATION IS SUBMITTED TO THE DEPARTMENT FOR WHICH VERIFIABLE DATA ARE AVAILABLE TO THE DEPARTMENT, AT LEAST 64% OF THE TOTAL NUMBER OF HOSPICE DAYS OF CARE PROVIDED TO ALL OF THE CLIENTS OF THE APPLICANT HOSPICE WERE PROVIDED IN A PRIVATE RESIDENCE.

(6) AN APPLICANT PROPOSING TO ACQUIRE NURSING HOME/HLTCU BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO VENTILATOR DEPENDENT PATIENTS SHALL MEET THE FOLLOWING:

(A) AN APPLICANT PROPOSES A PROGRAM FOR CARING FOR VENTILATOR-DEPENDENT PATIENTS IN LICENSED NURSING HOME BEDS.

(B) AN APPLICATION PROPOSES NO MORE THAN 40 BEDS THAT WILL BE LICENSED AS NURSING HOME BEDS.

(C) THE PROPOSED UNIT WILL SERVE ONLY VENTILATOR-DEPENDENT PATIENTS.

**Section 49. Project delivery requirements -- terms of approval for all applicants seeking approval under Section 3(1) OF THIS ADDENDUM**

Sec. 48. (1) An applicant shall agree that if approved, the services shall be delivered in compliance with the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds.

~~— (2) In addition to the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, an applicant for beds under Section 3(3)(b) shall agree that, if approved, the services provided by the specialized long-term care beds shall be delivered in compliance with the following terms of CON approval:~~

~~— (a) The applicant shall submit a resolution of its governing body certifying that it shall cease operations as a licensed health care facility at the existing licensed site, and that the license of the existing site which is replaced under Section 3(3) shall be surrendered to the Department concurrently with the licensure of a replacement facility approved under Section 3(3)(b).~~

~~— (b) The applicant shall document, at the end of the third year following initiation of beds approved pursuant to Section 3(3)(b), an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its average daily census for the third full year of operation.~~

~~— (c) When opening, the replacement facility shall admit the current patients of the facility being replaced to the extent those patients desire to transfer to the replacement facility.~~

~~(32) In addition to the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, an applicant for beds under Section 3(3)(c) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO RELIGIOUS shall agree that, if approved, the services provided by the specialized long-term care beds shall be delivered in compliance with the following term of CON approval:~~

~~(a) The applicant shall document, at the end of the third year following initiation of beds approved pursuant to Section 3(3)(c) an annual average occupancy rate of 95 percent or more. If this occupancy~~

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rate has not been met, the applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its average daily census for the third full year of operation.

(43) ~~In addition to the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, an applicant for beds under Section 3(4) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO ALZHEIMER'S DISEASE~~ shall agree that if approved:

~~—(a) The services provided by the specialized Alzheimer's disease beds shall be delivered in compliance with the requirements for approval in subsections 3(4)(a) and (b); and~~

~~—(b) All beds approved pursuant to that subsection shall be certified for Medicaid.~~

~~(A) THE BEDS ARE PART OF A SPECIALIZED PROGRAM FOR ALZHEIMER'S DISEASE WHICH WILL ADMIT AND TREAT ONLY PATIENTS WHICH REQUIRE LONG-TERM NURSING CARE AND HAVE BEEN APPROPRIATELY CLASSIFIED AS A PATIENT ON THE GLOBAL DETERIORATION SCALE (GDS) FOR AGE-ASSOCIATED COGNITIVE DECLINE AND ALZHEIMER'S DISEASE AS A LEVEL 4 (WHEN ACCOMPANIED BY CONTINUOUS NURSING NEEDS), 5, OR 6.~~

~~(B) THE SPECIALIZED PROGRAM WILL PARTICIPATE IN THE STATE REGISTRY FOR ALZHEIMER'S DISEASE.~~

~~(C) THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT TO A LICENSED NURSING HOME AND BE NO LARGER THAN 20 BEDS IN SIZE.~~

~~(D) THE PROPOSED ALZHEIMER'S UNIT SHALL HAVE DIRECT ACCESS TO A SECURE OUTDOOR OR INDOOR AREA AT THE HEALTH FACILITY, APPROPRIATE FOR UNSUPERVISED ACTIVITY.~~

~~(E) THE ALZHEIMER'S UNIT SHALL HAVE WITHIN THE UNIT OR IMMEDIATELY ADJACENT TO IT A DAY/DINING AREA WHICH IS SOLELY FOR THE USE OF THE ALZHEIMER'S UNIT PATIENTS.~~

~~(F) THE PHYSICAL ENVIRONMENT OF THE ALZHEIMER'S UNIT SHALL BE DESIGNED TO MINIMIZE NOISE AND LIGHT REFLECTIONS TO PROMOTE VISUAL AND SPATIAL ORIENTATION.~~

~~(G) STAFF WILL BE SPECIALLY TRAINED IN ALZHEIMER'S DISEASE TREATMENT.~~

~~(5) In addition to the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, an applicant for beds under Section 3(5) shall agree that if approved, all beds approved pursuant to that subsection shall be dually certified for Medicare and Medicaid.~~

(64) ~~In addition to the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, an applicant for beds under Section 3(6) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO HOSPICE~~ shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in accordance with the following CON terms of approval.

(a) An applicant shall maintain Medicare certification of the hospice program and shall establish and maintain the ability to provide, either directly or through contractual arrangements, hospice services as outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subpart B, Part 418, hospice care.

(b) The proposed project shall be designed to promote a home-like atmosphere that includes accommodations for family members to have overnight stays and participate in family meals at the applicant facility.

(c) An applicant ~~approved for nursing home beds pursuant to Section 3(6)~~ shall not refuse to admit a patient solely on the basis that he/she is HIV positive, has AIDS or has AIDS related complex.

(d) An applicant shall make accommodations to serve patients that are HIV positive, have AIDS or have AIDS related complex in nursing home beds ~~approved pursuant to Section 3(6)~~.

(e) An applicant shall make accommodations to serve children and adolescents as well as adults in nursing home beds ~~approved pursuant to Section 3(6)~~.

(f) Nursing home beds ~~approved pursuant to Section 3(6)~~ shall only be used to provide services to individuals suffering from a disease or condition with a terminal prognosis in accordance with Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled Laws.

(g) An applicant shall agree that the nursing home beds ~~approved pursuant to Section 3(6) of these standards~~ shall not be used to serve individuals not meeting the provisions of Section 21417 of the Code,

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being Section 333.21417 of the Michigan Compiled Laws, unless a separate CON is requested and approved pursuant to applicable CON review standards.

(h) An applicant shall be licensed as a hospice program under Part 214 of the Code, being Section 333.21401 et seq. of the Michigan Compiled Laws.

(i) An applicant shall agree that at least 64% of the total number of hospice days of care provided by the applicant hospice to all of its clients will be provided in a private residence.

~~—(j) An applicant shall annually provide data to determine the efficiency and effectiveness of providing, in a nursing home or hospital long-term care unit, room and board services to hospice clients that would otherwise be treated in a private residence if a capable primary caregiver was available. An applicant shall, at a minimum, provide data to the Department on a calendar year basis for each of the following:~~

~~—(i) The number of hospice patients and associated days of care for general inpatient and respite inpatient hospice care;~~

~~—(ii) The number of hospice patients and associated days of care for hospice routine and continuous home care not provided in a nursing home or hospital long-term care unit; and~~

~~—(iii) The number of hospice patients and associated days of care for hospice room and board in a nursing home.~~

~~—(iv) The total number of hospice clients and associated days of care served by the applicant hospice which shall be the sum of subdivisions (i), (ii), and (iii).~~

~~These data shall be considered when revisions to these standards are considered. The Department shall annually report to the Commission a summary of the data collected pursuant to this requirement. At a minimum, the summary shall report the occupancy rate and average length of stay for each applicant approved pursuant to Section 3(6) of this addendum.~~

~~(75) In addition to the terms of approval required by the CON review standards for nursing home and hospital long-term care unit beds, an applicant for beds under Section 3(8) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO VENTILATOR DEPENDENT PATIENTS shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in accordance with the following CON terms of approval.~~

(a) An applicant shall staff the proposed ventilator-dependent unit with employees that have been trained in the care and treatment of ventilator-dependent patients and includes at least the following:

(i) a medical director with specialized knowledge, training, and skills in the care of ventilator-dependent patients.

(ii) a program director that is a registered nurse.

(b) An applicant shall make provisions, either directly or through contractual arrangements, for at least the following services:

(i) respiratory therapy.

(ii) occupational and physical therapy.

(iii) psychological services.

(iv) family and patient teaching activities.

(c) An applicant shall establish and maintain written policies and procedures for each of the following:

(i) patient admission criteria that describe minimum and maximum characteristics for patients appropriate for admission to the ventilator-dependent unit. At a minimum, the criteria shall address the amount of mechanical ventilatory dependency, the required medical stability, and the need for ancillary services.

(ii) The transfer of patients requiring care at other health care facilities.

(iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge.

(iv) Patient rights and responsibilities in accordance with Sections 20201 and 20202 of the Code, being Sections 333.20201 and 333.20202 of the Michigan Compiled Laws.

(v) The type of ventilatory equipment to be used on the unit and provisions for back-up equipment.

(d) An applicant shall establish and maintain an organized infection control program that has written policies for each of the following:

(i) use of intravenous infusion apparatus, including skin preparation, monitoring skin site, and frequency of tube changes.

(ii) placement and care of urinary catheters.  
 (iii) care and use of thermometers.  
 (iv) care and use of tracheostomy devices.  
 (v) employee personal hygiene.  
 (vi) aseptic technique.  
 (vii) care and use of respiratory therapy and related equipment.  
 (viii) isolation techniques and procedures.  
 (e) An applicant shall establish a multi-disciplinary infection control committee that meets on at least a monthly basis and includes the director of nursing, the ventilator-dependent unit program director, and representatives from administration, dietary, housekeeping, maintenance, and respiratory therapy. This subsection does not require a separate committee, if an applicant organization has a standing infection control committee and that committee's charge is amended to include a specific focus on the ventilator-dependent unit.  
 (f) The proposed ventilator-dependent unit shall have barrier-free access to an outdoor area in the immediate vicinity of the unit.  
~~(g) An applicant shall agree that all beds approved pursuant to Section 3(8) will be dually certified for Medicare and Medicaid reimbursement.~~  
 (h) An applicant ~~approved for beds pursuant to Section 3(8)~~ shall agree that the beds will not be used to service individuals that are not ventilator-dependent unless a separate CON is requested and approved by the Department pursuant to applicable CON review standards.  
 (i) An applicant ~~approved for beds pursuant to Section 3(8)~~ shall provide data to the Department that evaluates the cost efficiencies that result from providing services to ventilator-dependent patients in a hospital.  
(6) AN APPLICANT FOR BEDS FROM THE STATEWIDE POOL FOR SPECIAL POPULATION GROUPS ALLOCATED TO TBI/SCI PATIENTS SHALL AGREE THAT IF APPROVED:  
(A) AN APPLICANT SHALL STAFF THE PROPOSED UNIT FOR TBI/SCI PATIENTS WITH EMPLOYEES THAT HAVE BEEN TRAINED IN THE CARE AND TREATMENT OF SUCH INDIVIDUALS AND INCLUDES AT LEAST THE FOLLOWING:  
(I) A MEDICAL DIRECTOR WITH SPECIALIZED KNOWLEDGE, TRAINING, AND SKILLS IN THE CARE OF TBI/SCI PATIENTS.  
(II) A PROGRAM DIRECTOR THAT IS A REGISTERED NURSE.  
(III) OTHER PROFESSIONAL DISCIPLINES REQUIRED FOR A MULTI-DISCIPLINARY TEAM APPROACH TO CARE.  
(B) AN APPLICANT SHALL ESTABLISH AND MAINTAIN WRITTEN POLICIES AND PROCEDURES FOR EACH OF THE FOLLOWING:  
(I) PATIENT ADMISSION CRITERIA THAT DESCRIBE MINIMUM AND MAXIMUM CHARACTERISTICS FOR PATIENTS APPROPRIATE FOR ADMISSION TO THE UNIT FOR TBI/SCI PATIENTS. AT A MINIMUM, THE CRITERIA SHALL ADDRESS THE REQUIRED MEDICAL STABILITY AND THE NEED FOR ANCILLARY SERVICES, INCLUDING DIALYSIS SERVICES.  
(II) THE TRANSFER OF PATIENTS REQUIRING CARE AT OTHER HEALTH CARE FACILITIES, INCLUDING A TRANSFER AGREEMENT WITH ONE OR MORE ACUTE-CARE HOSPITALS IN THE REGION TO PROVIDE EMERGENCY MEDICAL TREATMENT TO ANY PATIENT WHO REQUIRES SUCH CARE.  
(III) UPON ADMISSION AND PERIODICALLY THEREAFTER, A COMPREHENSIVE NEEDS ASSESSMENT, A TREATMENT PLAN, AND A DISCHARGE PLAN THAT AT A MINIMUM ADDRESSES THE CARE NEEDS OF A PATIENT FOLLOWING DISCHARGE, INCLUDING SUPPORT SERVICES TO BE PROVIDED BY TRANSITIONAL LIVING PROGRAMS OR OTHER OUTPATIENT PROGRAMS OR SERVICES OFFERED AS PART OF A CONTINUUM OF CARE TO TBI PATIENTS BY THE APPLICANT.  
(IV) UTILIZATION REVIEW, WHICH SHALL CONSIDER THE REHABILITATION NECESSITY FOR THE SERVICE, QUALITY OF PATIENT CARE, RATES OF UTILIZATION AND OTHER CONSIDERATIONS GENERALLY ACCEPTED AS APPROPRIATE FOR REVIEW.  
(V) QUALITY ASSURANCE AND ASSESSMENT PROGRAM TO ASSURE THAT SERVICES FURNISHED TO TBI/SCI PATIENTS MEET PROFESSIONAL RECOGNIZED STANDARDS OF HEALTH CARE FOR PROVIDERS OF SUCH SERVICES AND THAT SUCH SERVICES WERE REASONABLE AND



MEDICALLY APPROPRIATE TO THE CLINICAL CONDITION OF THE TBI PATIENT RECEIVING SUCH SERVICES.

**Section 510. Comparative reviews, effect on prior CON review standards**

Sec. 510. (1) Projects proposed under Section ~~3(3)4~~ shall be considered a distinct category and shall be subject to comparative review on a statewide basis.

(2) Projects proposed under Section ~~3(4)5~~ shall be considered a distinct category and shall be subject to comparative review on a statewide basis.

(3) Projects proposed under Section ~~3(5)6~~ shall be considered a distinct category and shall be subject to comparative review on a statewide basis.

(4) Projects proposed under Section ~~3(6)7~~ shall be considered a distinct category and shall be subject to comparative review on a statewide basis.

~~—(5) Projects proposed under section 3(8) shall be considered a distinct category and shall be subject to comparative review on a statewide basis.~~

(6) These CON review standards supercede and replace the CON Review Standards for Nursing Home and Long-term Care Unit Beds--Addendum for Special Population Groups approved by the Commission on ~~March 9, 2004~~ SEPTEMBER 14, 2004 and effective on ~~June 4, 2004~~ DECEMBER 3, 2004.

**~~Section 6. Acquisition of nursing home or hospital long-term care unit beds approved pursuant to this addendum.~~**

~~Sec. 6. (1) An applicant proposing to acquire nursing home or hospital long-term care unit beds approved pursuant to Section 3(3)(b) or (c) of this addendum shall demonstrate that it is in compliance with the requirements of Section 3(3)(b)(iv), (v) and (vi) of this addendum.~~

~~—(2) An applicant proposing to acquire nursing home or hospital long-term care unit beds approved pursuant to Section 3(4) of this addendum shall demonstrate that it is in compliance with the requirements of Section 3(4)(b)(i), (ii), (iii), (iv), (v), (vi), (vii) and (viii) of this addendum.~~

~~—(3) An applicant proposing to acquire nursing home or hospital long-term care unit beds approved pursuant to Section 3(6) of this addendum shall demonstrate that it is in compliance with the requirements of Section 3(6)(b)(i) and (ii) of this addendum.~~

~~—(4) An applicant proposing to acquire beds approved pursuant to Section 3(8) of this Addendum shall demonstrate that it is in compliance with the requirements of Section 3(8) of this Addendum.~~

~~—(5) An applicant proposing to acquire nursing home or hospital long-term care unit beds approved pursuant to this addendum shall agree to all applicable project delivery requirements set forth in Section 4 of this addendum.~~



1992		<b>APPENDIX A</b>
1993		
1994		<b>CON REVIEW STANDARDS</b>
1995		<b>FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS</b>
1996		<b><u>~ADDENDUM FOR SPECIAL POPULATION GROUPS</u></b>
1997		
1998	Michigan nursing home planning areas with a population density of less than 28 individuals per square mile based on 1990 U.S. Census figures.	
1999		
2000		
2001		Population Density
2002	<u>Planning Area</u>	<u>per Square Mile</u>
2003		
2004	Luce	6.4
2005	Ontonagon	6.8
2006	Schoolcraft	7.1
2007	Baraga	8.8
2008	Alger	9.8
2009	Mackinac	10.4
2010	Iron	11.3
2011	Oscoda	13.8
2012	Alcona	14.9
2013	Lake	15.1
2014	Montmorency	16.2
2015	Gogebic	16.3
2016	Presque Isle	21.0
2017	Missaukee	21.5
2018	Chippewa	21.8
2019	Crawford	21.9
2020	Menominee	23.8
2021	Houghton/Keweenaw	23.9
2022	Kalkaska	24.0
2023		
2024		
2025	<b>Source:</b> Michigan Department of Management and Budget and the U.S. Bureau of the Census	
2026		

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**CERTIFICATE OF NEED (CON) REVIEW STANDARDS**  
**FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS**  
**--ADDENDUM FOR NEW DESIGN MODEL PILOT PROGRAM**

**Section 1. Applicability; definitions**

Sec. 1. (1) This addendum supplements the CON Review Standards for Nursing Home and Hospital Long-Term Care Unit Beds and provides for the establishment of a statewide pilot new design model program.

— (2) Except as provided in sections 3 and 4 of this addendum, this addendum supplements, and does not supersede, the requirements and terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-Term Care Unit Beds.

— (3) The definitions which apply to the CON Review Standards for Nursing Home and Hospital Long-Term Care Unit Beds shall apply to these standards.

— (4) For purposes of this addendum, the following terms are defined:

— (a) "New design model" means a new nursing home or hospital long-term care unit constructed, renovated, or replaced under the requirements set forth in this addendum.

— (b) "Replacement beds" means the applicant proposes to replace an equal or lesser number of beds than currently licensed to the applicant.

— (c) "Licensed site" means the geographic location specified on a nursing home or hospital long-term care unit license.

**Section 2. Requirements for approval — purpose of applying for pilot program for a new construction, or replacement/renovation of an existing facility**

Sec. 2. A statewide pilot program is established to study the potential benefit of new designs in the new construction, renovation, and/or replacement of existing nursing home and hospital long-term care facilities throughout Michigan. Pilot projects under this addendum shall be new construction, renovation, or replacement projects within the current bed need methodology that conform to the pilot model construction requirements in Section 3.

**Section 3. Statewide pilot — new design model for new construction or replacement/renovation facility components**

Sec. 3. (1) The pilot will be limited to new construction, renovation, and/or replacement facilities for 4 years, starting on the effective date of this addendum. Applications for a pilot project will not be subject to comparative review.

— (2) Projects in the pilot new design model must result in no more than 100 beds per new design model and meet the following design standards:

— (a) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the construction standards shall be those applicable to nursing homes in the document entitled "Minimum Design Standards for Health Care Facilities in Michigan" dated March 1998 and incorporated by reference in Section 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any future versions.

— (b) For small resident housing units of 10 beds or less that are supported by a central support inpatient facility, the construction standards shall be those applicable to hospice residences providing an inpatient level of care, except that:

— (i) at least 100% of all resident sleeping rooms shall meet barrier free requirements;

— (ii) electronic nurse call systems shall be required in all facilities;

— (iii) handrails shall be required on both sides of patient corridors; and

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~~—(iv) ceiling heights shall be a minimum of 7 feet 10 inches.~~  
~~—(c) All new construction, renovation, or replacement facilities approved under this pilot shall comply with applicable life safety code requirements and shall be fully sprinkled and air conditioned.~~  
~~—(d) The Department may waive construction requirements for pilot projects if authorized by law.~~  
~~—(3) Pilot projects shall include at least 80% single-occupancy resident rooms with an adjoining bathroom serving no more than two residents in both the central support inpatient facility and any supported small resident housing units. If the pilot project is for replacement/renovation of an existing facility and utilizes only a portion of its currently licensed beds, the remaining rooms at the existing facility shall not exceed double occupancy.~~  
~~—(4)(a) The number of beds needed in a planning area as determined by the current bed need methodology will not be changed for this pilot program.~~  
~~—(b) Projects involving the replacement of existing beds must replace the beds at a location in the replacement zone unless the applicant demonstrates that all of the following are met:~~  
~~—(i) The proposed licensed site for the replacement beds is in the same planning area, and not within a three mile radius of a licensed nursing home that has been newly constructed, or replaced (including approved projects) within five calendar years prior to the effective date of this addendum,~~  
~~—(ii) the applicant shall provide a signed affidavit or resolution from its governing body or authorized agent stating that the proposed licensed site will continue to provide service to the same market, and~~  
~~—(iii) the current patients of the facility/beds being replaced shall be admitted to the replacement beds when the replacement beds are licensed, to the extent that those patients desire to transfer to the replacement facility/beds.~~  
~~—(5) An approved pilot project may involve replacement of a portion of the beds of an existing facility at a geographic location within the replacement zone that is not physically connected to the current licensed site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate license shall be issued to the facility at the new location.~~  
~~—(6) The applicant, at the time the application is submitted to the Department, shall demonstrate an agreement to evaluate the new design cooperatively with an appropriate evaluation agent that has been approved by the Office of Services to the Aging (OSA), MDCH and Medical Services Administration (MSA), MDCH. The evaluation will include but is not limited to the following areas: (a) quality of care and quality indicators, (b) client and/or family satisfaction, (c) utilization of drugs, (d) staff recruitment and retention, (e) annual survey reports including complaints, and (f) the impact on capital and operating costs. The evaluation may be expanded to other areas as needed to determine the impact of the new design on delivery of care and quality of life.~~  
~~—(7) The applicant shall demonstrate, at the time the application is submitted to the Department, all of the following:~~  
~~—(a) The nursing home or hospital long-term care unit has not been cited by the Department for 1 or more Substandard Quality of Care (SQOC) citations, as defined in the federal regulations, during the 12 months prior to the date an application is submitted to the Department.~~  
~~—(b) The nursing home or hospital long-term care unit's parent or any subsidiary has taken actions acceptable to the Department to correct, improve, or remedy any condition or concern that resulted in a SQOC citation issued over the past 12-month period in any nursing home or hospital long-term care unit under its parent or any subsidiary.~~

#### **Section 4. Pilot project – terms of approval for all applicants seeking approval under Section 3**

~~Sec. 4. (1) An applicant shall agree that if approved, the services shall be delivered in compliance with the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-Term Care Unit Beds.~~

~~—(2) In addition to the terms of approval required by the CON Review Standards for nursing Home and Hospital Long-Term Care Unit Beds, an applicant for beds under this addendum shall agree that, if~~

2139 approved, all beds approved pursuant to this addendum shall be dually certified for Medicare and  
2140 Medicaid. The inability to obtain Medicaid certification of nursing home beds due to the aggregate state-  
2141 wide limit on the maximum number of Medicaid-certified nursing home beds in Michigan shall not  
2142 constitute grounds for revocation of the CON if the applicant furnishes to the Department, within one year  
2143 from the date of CON approval, proof of Medicaid certification or denial of Medicaid certification (based  
2144 upon the state-wide limit) along with a signed affidavit stating the willingness to certify 100% of the beds  
2145 subject to CON approval under this pilot program when accepted by Medicaid.

2146  
2147 **Section 5. Acquisition of nursing home or hospital long-term care unit beds approved pursuant to**  
2148 **this addendum.**  
2149

2150 ~~Sec. 5. (1) An applicant proposing to acquire a nursing home or hospital long-term care facility that~~  
2151 ~~has been approved as a pilot project pursuant to this addendum shall demonstrate that it is, and will~~  
2152 ~~continue to be, in compliance with the requirements of this addendum as a condition of approval.~~

2153  
2154 ~~—(2)— An applicant proposing to acquire a nursing home or hospital long-term care facility that~~  
2155 ~~has been approved as a pilot project pursuant to this addendum shall agree to all applicable project~~  
2156 ~~delivery requirements set forth in Section 4 of this addendum, as a condition of approval.~~

2157  
2158 ~~—(3)— An applicant proposing to acquire a nursing home or hospital long-term care facility that~~  
2159 ~~has been approved as a pilot project pursuant to this addendum must demonstrate, at the time the~~  
2160 ~~application is submitted to the Department, all of the following:~~

2161 ~~—(a)— The applicant or any nursing home or hospital long-term care unit owned or operated by~~  
2162 ~~the applicant has not been cited by the Department for 1 or more Substandard Quality of Care (SQOC)~~  
2163 ~~citations, as defined in the federal regulations, during the 12 months prior to the date an application is~~  
2164 ~~submitted to the Department.~~

2165 ~~—(b)— The applicant's parent or any subsidiary has taken actions acceptable to the Department~~  
2166 ~~to correct, improve, or remedy any condition or concern that resulted in a SQOC citation issued over the~~  
2167 ~~pas 12-month period in any nursing home or hospital long-term care unit under its parent or any~~  
2168 ~~subsidiary.~~